



Catholic Health Medical Staff Orientation and Annual Education

2023

Dr. Hans Cassagnol, Executive Vice President & Chief Physician Executive

Denise Bartosz, MHA, RRT, CJCP Director of Patient Safety

Contents

Values and Expectations:.....	2
Ethical and Religious Directives for Catholic Health Services:.....	3
Provider Health:.....	5
Documentation:.....	6
Compliance; Fraud & Abuse; HIPPA, Corporate Integrity Agreement:	8
Harassment:.....	14
Population Specific Treatment:	15
Stroke	15
BARATRIC	15
Severe Sepsis and Septic Shock	16
Patient's, Parent, and Breastfeeding Mothers' Bill of Rights:	16
Advance Directives:	16
Ethics:.....	17
Organ Donation:	17
SCREENING FOR ABUSE, NEGLECT, MALTREATMENT and POTENTIAL HUMAN TRAFFICKING:.....	17
Limited English Proficiency:	18
Emtala Regulations:	18
Patient Complaints:	19
Patient Experience:.....	19
Health, Safety, Security and Environment:.....	20
Radiation Safety:.....	21
Pain Management:.....	22
Quality and Patient Safety	23
Infection Control:.....	29
ATTESTATION:.....	31

Values and Expectations:

All Providers are expected to demonstrate the Catholic Health Values:

REVERENCE

We honor the value of each individual we encounter at Catholic Health.

- Be an exceptional example of our Mission
- Show courtesy to everyone through warm, welcoming words and gestures
- Care for and strengthen our healing ministry and all the resources entrusted to us

COMPASSION

We commit to walking with others through both joy and suffering.

- Be a transforming, healing presence in the communities we serve
- Extend a welcoming hand to all patients, residents, families and associates
- Show kindness when you help others
- Offer empathy, tenderness and respect to those in need

JUSTICE

We dedicate ourselves to treat all people with respect, dignity and fairness.

- Advocate for persons who are poor and vulnerable
- Be accepting and understanding of people who need our help
- Be honest and ethical in all dealings
- Honor the uniqueness of each individual and maintain an inclusive environment
- Use resources wisely and increase environmental awareness by making lifestyle changes to reduce our “footprint” on the environment

EXCELLENCE

We commit to exceed the expectations of our patients, residents, their families, and all the people we meet at Catholic Health.

- Envision a future filled with hope
 - Foster a high quality workplace
 - Seek opportunities for professional and personal growth
 - Be faithful to our Mission and Values
 - Provide the highest quality of care and service
-

It is your responsibility to ***Enhance the Patient Experience and Provide a Safe Environment*** by meeting our eight ***Pursuing Excellence Expectations***.

1. Interact respectfully and compassionately
2. Demonstrate a positive attitude
3. Demonstrate accountability
4. Follow the rules
5. Communicate clearly and directly and perform effective hand-offs communication
6. Have a questioning attitude
7. Work together with your team
8. Pay attention to detail

Ethical and Religious Directives for Catholic Health Services:

Executive Summary of the *Ethical and Religious Directives* for Catholic Health Care Services



Catholic Health is a ministry of the Church. Through the *Ethical and Religious Directives for Catholic Health Care Services (ERDs)*, the **Church reaffirms its commitment to the ministry of health care** and the **distinctive Catholic identity of the Church's institutional health care services**.

The purpose of the ERDs are as follows:

- To **affirm the ethical standards** that flow from the **Church's teaching about human dignity**.
- To **provide authoritative guidance** on some specific **moral issues facing Catholic health care**.
- To **provide** professionals, patients and families with **principles and guides for making decisions**.

These directives set some **basic parameters** as to how Catholic healthcare should be **delivered** and to which all are **accountable**.

Part I: The social responsibility of Catholic health care services

- Catholic health care is guided by the following normative principles:
 - a commitment to promote human dignity, to care for the poor, to contribute to the common good, to be responsible stewards of available resources, and
 - to act in communion with the Church.

Key Directives:

- #1: We are a **community of care** animated by the Gospel and respectful of the church's moral tradition.
- #2: We **act** in a manner characterized by mutual **respect among caregivers** and **serving with compassion** of Christ.
- #3: We **distinguish ourselves by service** to and **advocacy for the marginalized and vulnerable**.
- #6: We are to **use healthcare resources responsibly**.
- #7: We **treat employees respectfully and justly** (non-discrimination in hiring, employee participation in decision-making, a workplace that ensures safety and well-being, just compensation and benefits; recognition of the right to organize).

Part II: The pastoral and spiritual responsibilities of Catholic health care

- Catholic health care has the responsibility to treat those in need in a way that respects the human dignity and eternal destiny of all.
- Since a Catholic health care institution is a community of healing and compassion, care is not limited to the physical; it also embraces the psychological, social, and spiritual dimensions of the person.
- Hence, pastoral care is an integral part of Catholic health care.

Key Directives:

- #15: We address the **holistic needs** of persons.
- #10: We ensure **professional preparation** and credentials for staff; address the particular **religious needs** of patients.
- #10-14, #20-22: We respect **proper authorities in each religion** or Christian denomination regarding **appointments**.
- #11, #22: We maintain **an ecumenical staff** or make appropriate referrals.
- #10, 12-20: We address the **sacramental needs** of Catholics.

Part III: The professional-patient relationship

- Mutual respect, trust, honesty, and confidentiality mark this relationship.
- Personal nature of care must not be lost even when a team of caregivers is involved in care.
 - The dignity of the person is respected regardless of health problem or social status, (e.g., race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, newborn status, handicap, or source of payment).

Key Directives

- #23: We **respect and protect** the inherent **dignity** of human person.
- #24: We encourage and respect **advance directives**.
- #25: We respect choices of **surrogate decision makers**.
- #26, #27: We honor patients' right to **make treatment decisions**; we respect **informed consent**.
- #32: We respect decisions to **forego treatment**; distinction between ordinary or proportionate means (morally obligatory) and extraordinary or disproportionate means (morally optional).
- #33: We consider **whole person** when deciding about therapeutic interventions.
- #34: We respect **privacy and confidentiality**.
- #36: We provide **compassionate and appropriate care** to victims of **sexual assault**. We cooperate with law enforcement officials; offer psychological and spiritual support; we offer "accurate medical information;" we provide treatment to prevent conception: pregnancy approach; ovulation approach.
- #37: We are required to have an **ethics committee** or ensure some alternate form of **ethical consultation is available**.

Part IV: Issues in care for the beginning of life

- The Church's commitment to human dignity inspires an abiding concern for the sanctity of human life from its very beginning, and to the dignity of marriage and of the marriage act by which human life is transmitted.

Part V: Issues in the care of the dying

- Catholic health care ministry faces death with the confidence of faith; it witnesses to the belief that God has created each person for eternal life.
- A Catholic health care institution will be a community of respect, love, and support to patients and their families as they face death.
- Effective pain management is critical in the appropriate care of the dying.
- We have a duty to preserve our lives, but that duty is not absolute.
- The use of medical technologies is judged in light of the Christian meaning of life, suffering, and death.

Key Directives:

- #55: We help **patients prepare for death**: provide necessary information for decision-making;
- #56-57: We understand that a person may **forgo extraordinary or disproportionate means of preserving life; no moral obligation to employ disproportionate or too burdensome treatments**.
- #58: We understand that there should be a **presumption in favor of providing nutrition and hydration**, including medically assisted, **as long as the benefits it provides outweigh the burdens**.
- #59: We respect the free and informed judgment of competent patient to **accept or refuse life-sustaining treatment**;
- #60: We do not provide **euthanasia and physician-assisted suicide**.
- #61: We assure appropriateness **of good pain management**, even when death may be indirectly hastened through use of analgesics.
- #63-66: We encourage appropriate use of **tissue and organ donation**.

Part VI: Forming new partnerships with health care organizations and providers

- New partnerships can be viewed as opportunities for Catholic health care institutions and services to witness to their religious and ethical commitments and so influence the healing profession.
- New partnerships can pose serious challenges to the identity of Catholic health care institutions and services.
- Scandal can result when partnerships are not built on common values and moral principles.
 - **Intention**: Intending, desiring or approving the wrongdoing is always morally wrong (**formal cooperation**).
 - **Action**: Participating in the wrongdoing or providing conditions for the evil to occur (**material cooperation**).
 - Material cooperation can be immediate or mediate.
 - Mediate material cooperation can be proximate or remote.

Key Directives:

- #67, #68: We **consult with diocesan bishop** or liaison if partnership could have serious impact on the Catholic identity or reputation of the organization, or cause scandal. We seek **proper authorization**.
- #70: We are **forbidden** from engaging in **immediate material cooperation** in intrinsically evil actions (e.g., IVF, direct sterilization).
 - **Immediate material cooperation** with regard to partnerships would include ownership, governance, management, financial benefit, material and personnel support.
- #71: We are required to consider "**scandal**" when applying the principle (means "**leading others into sin**" and not causing shock or discomfort; scandal may often be avoided by good explanation).
 - **May foreclose cooperation even if licit**.
 - The **bishop** has **final responsibility** for assessing and addressing scandal.
- #72: We are **required to periodically assess** whether the agreement is being properly observed and implemented.

Note: This summary does not substitute for a careful and complete reading of the *Ethical and Religious Directives for Catholic Health Care Services*, Fifth Edition, written by the United States Conference of Catholic Bishops. For more information visit: www.usccb.org. (April, 2014)

Provider Health:

- **Provider Health and Impairment**

It is the responsibility of the Hospital and its Medical Staff to ensure that its provider's perform their professional duties in a skillful, competent manner. A practitioner's ability may become limited or impaired by injury, physical disease, alcohol use or chemical dependency, organic or emotional mental illness. As a result, the impaired provider may pose a direct or potential threat to themselves and to the health and safety of others. The hospital and its Medical Staff shall, while monitoring patient care activities, identify the practitioner whose competence may be impaired and assist the practitioner in obtaining treatment, should the condition be amenable to therapy. The hospital shall provide reasonable accommodations to assist individual in returning to clinical practice by removing artificial barriers. The hospital shall, in dealing with such a practitioner, recognize the importance of the right to privacy, and shall keep all records confidential except where reporting is required by law, ethical obligations, or when the safety of a patient is threatened. The policies and processes in place conform to all Joint Commission, state, and federal laws and regulations pertaining to health care privacy, provider health and potential impairment and reporting of providers as necessary

- Physicians are encouraged to contact Committee for Physicians Health (CPH) to obtain confidential assistance for themselves and their colleagues. Physicians and staff members observing signs and symptoms which may be indicative of a potentially impairing condition may make referrals confidentiality to CPH. CPH clinical staff will assess the credibility of the referral and coordinate the intervention and risk assessment. If the referral is credible, CPH will arrange for a confidential clinical evaluation at the physician's cost by a specialist approved by the Medical Society. If the evaluation results in no diagnosis, no further action will be taken.
- Other members of the medical staff such as NP's, Nurse Midwives and Dentists are encouraged to contact to the Professional Assistance Program (PAP) for themselves and their colleagues.
- Either of these programs by law allow for the provider to seek treatment without adversely impacting their ability to practice in the future.

Members of the Medical staff can contact the medical staff office or their leadership for more information on this policy entitled: Provider Health and Impairment (MS 002)

- **Annual Health Assessment:** An annual health assessment and TB screening
- **Influenza Vaccine:** The flu vaccination program begins in October/November. Annually proof of vaccination or declination must be provided. Note: You must complete a declination if you decline the flu vaccine. If you decline the vaccine you **MUST** wear a mask in patient care areas (patient care areas= within 20 feet of any patient location; except for locker rooms and restrooms) during the flu season.
- **COVID Vaccine:** Providers are required to be fully vaccinated (at least 2 weeks since you got your first J&J shot or your second Pfizer or Moderna shot)

Documentation:

- HIM's goal is to have a complete chart at the time of discharge. If there is conflicting documentation the attending will need to be queried. HIM will try to avoid query if at all possible
- It is imperative that the entire chart is reviewed. When coming into a case on day 3+ many things may have changed, please document the most current DX daily. Example: H&P states possible PNA, day 2 this is ruled out. The discharge dx should not reflect pneumonia. It is completely acceptable to include "possible, probable, suspicious, or in my clinical opinion" in your dx listings, when there is any doubt.
- TREATMENT: When a dx has been established; please include the plan/treatment rendered. This helps justify the dx and explains the added length of stay and/or nursing care
- PROBLEM LIST: Update problem list on a regular basis, resolve any problems that are no longer present at discharge
- SPECIFICITY:
 - PNA – if you know the organism please include
 - CHF – Is it Acute, Chronic, systolic or diastolic or both
 - Renal – dysfunction, or is it Acute Renal Failure (if on Dialysis, please include)\
 - COPD – is it chronic/in exacerbation or could the patient have chronic respiratory failure based on home treatment, O2 sats?
 - Stroke versus TIA – which one was ruled out? What was the Glasgow Coma Scale?
 - Laterality – please provide if applicable
 - Pressure Ulcers – site were they Present On Admission (Key to Quality Metrics)
 - Complications – are they related to the admission? Example : catheter assoc. UTI? , Seroma – was this from previous surgery?
 - Post op: Infection, bleed, MI, Stroke
 - Poisoning/OD – please specify if you believe, suspect the patients intent and/or adverse effect.
 - Malnutrition – severe, mild? What treatment is being directed- we must have the treatment
- **Documentation and Queries:**
 - When you receive a query, please read it thoroughly, as it may contain multiple questions.
 - Often we get a response that either doesn't answer or only partially answers the question, please use complete sentences.
 - If the query provides answer choices, those choices generally provide the specific wording that the coders can use for capturing a particular diagnosis.
 - If what is being asked is unclear, please call the CDIS or Coding department for clarification.
 - If there is no response to a query in 48 hours the site VP, department chair or associate chair will contact the provider in effort to facilitate completion of the query. If that contact is unsuccessful the incomplete query will be escalated to medical staff leadership or the medical executive committee.

Time Frames for Completing Documentation

- *History and Physicals:*
 - Are to be completed within 24 hours of admission
 - Patients having a surgical procedures can have an H & P completed within the 30 days BUT there must documentation that the patient was examined and the H&P was reviewed the day of the procedure and whether any updates are needed.
 - If the patient is having a local procedure or a procedure with moderate sedation then an H & P specific to the procedure may be completed. There are procedure pre and post forms paper and in the EMR that may be utilized for this process.
- *Procedure Documentation:*
 - Pre- procedure assessments must be completed prior to the start of the procedure. This includes either completion of an H &P or a review and update to the H &P depending on the procedure.
 - An immediate post procedure note is required for all procedures this needs to be completed prior to the patient leaving the procedure area.
 - A full Operative / Procedure note must be completed and in the record within 24 hours of the procedure.
- *Discharge Documentation:*
 - Discharge summaries must be completed within 24 hours of the patient being discharged
 - Transfer Summaries must be completed prior to the patient transferred to the next level of care
- *Anesthesia Documentation:*
 - Any provider that administers anesthesia including moderate sedation must complete a pre-sedation or pre-anesthesia assessment. This assessment must include an airway assessment and an ASA class.
 - Providers providing anesthesia are required to complete a post anesthesia assessment for out- patients prior to discharge and for in-patients between 3 and 48 hours of anesthesia.
- *Medication Reconciliation:*
 - The AMA has stated the following:
 - *Physicians are ultimately responsible both ethically and legally for the medication reconciliation process.*
 - The EMR contains processes that support providers in completing medication reconciliation for the patient. Pharmacy and nursing also play a role in this process.
 - Medication reconciliation is required for all admissions, discharges and changes in level in care (procedures and transfers into or out of critical care). This includes admissions and discharges from the ED and admission and discharge from ambulatory procedures.
- *Death Certificates:*
 - Death Certificates are completed Electronically
 - Providers can access the death certificate from any computer the death certificate is available on the NYS Health Provider Network
 - Death Certificates should be completed within 24 hours of the death

EPIC

All providers are required to demonstrate proficiency in Epic.

- Provider with no previous Epic experience:
 - Complete pre-requisite Epic eLearnings as assigned by specialty training track
 - Complete instructor led training class with Epic trainer. The class is 3-4 hours depending on the provider specialty.
 - If no instructor led training is available due to schedule constraints, a provider will view the Epic classroom recordings
 - Complete Epic assessment after completion of pre-requisite eLearnings, instructor led class, or classroom recordings.
- Providers with previous Epic experience:
 - Produce documentation from hospital/organization where Epic training was performed. This can be obtained from the training organization's Epic training department.
 - If unable to produce documentation, a provider may complete the Sphinx proficiency exam with a score of 80 or above.
 - If provider does not achieve a score of 80 or above, the provider will complete the training course as described above.

Compliance; Fraud & Abuse; HIPPA, Corporate Integrity Agreement:

• **Corporate Compliance Program**

The CH compliance program aims to prevent, detect and resolve instances of conduct that do not conform to federal and state law, and private payer health care requirements as well as sound business policies. As health care providers we have obligations to understand the ethical, professional and legal requirements of our roles

An effective compliance program puts an organization in a position to function with integrity and do the right thing which ultimately provides better healthcare. Compliance is the responsibility of all Associates and they have a duty to uphold compliance measures and to report items of concern. Kimberly Whistler, Esq. (716-821-4471) is the Corporate Compliance & Privacy Officer with oversight responsibility for the compliance status and activities in all CH organizations.

It is our responsibility to maintain the highest standards with respect to our delivery of care and to conduct our business affairs with integrity, based on sound ethical and moral standards.

- We recognize our responsibility to treat the people we serve with the same standards of care, regardless of payer source and in accordance with applicable rules, regulations and laws.
- We are intolerant of fraud, waste and abuse throughout the Catholic Health System and strive to always deliver medically necessary services in the most efficient and prudent manner.
- We also hold those we conduct business with to the same standards. An effective compliance program supports quality healthcare.

- **CH Code of Conduct**

In keeping with the mission and goals of CH, directors, officers, managers, associates, medical staff, house staff, contractors, volunteers, students and other agents are expected to comply with the following guidelines. This Code of Conduct does not replace sound ethical and professional judgment.

Expectations of all providers in Catholic Health are:

1. **Promote Ethical Business Conduct**

- Deal openly and honestly with fellow associates, customers, contractors, government entities and others.
- Maintain high standards of business and ethical conduct in accordance with the CH Mission, directives of the Catholic Church and applicable federal, state and local laws and regulations.
- Conduct business dealings with the best interests of CH in view.
- Document work related activities completely and accurately.

2. **Appropriately Use Resources**

- Use supplies and services in a manner that supports financial stability and positive environmental impact.

3. **Preserve Confidentiality**

- Preserve patient confidentiality within the requirements of the law.
- Maintain confidentiality of proprietary information.

4. **Avoid Conflicts of Interest**

- Disclose financial interests, vendor promotions, secondary employment and/or any other potential conflicts of interest.
- As requested, complete timely submission of the Conflict of Interest Disclosure Statement.

5. **Exhibit Catholic Health Behavioral Conduct**

- Act with integrity by exhibiting CH value based behaviors in work related activities.
- If applicable, follow ethical standards of respective professional organization.
- Uphold the Non-Retaliation Policy for those who report concerns in good faith.

6. **Uphold Legal and Regulatory Compliance**

- Adhere to both the spirit and letter of applicable federal, state and local laws and regulations.
- Refuse offers, solicitations and payments to induce referrals of the people we serve.
- Protect and retain records and documents as required by professional standards, governmental regulations, and organizational policies.

7. **Act Responsibly & Be Accountable**

- Accept mission aligned challenges as opportunities for improvement.
- Ensure appropriate corrective action is taken in a timely manner.
- Notify the appropriate person of instances of suspected non-compliance in a timely manner.

• **CONFLICT OF INTEREST**

All constituents have the responsibility to act in the best interest of the Catholic Health System and be fair in making business decisions. To maintain professional judgment, situations must be avoided that lead to actual or perceived conflicts of interest. A conflict of interest exists when an outside activity or relationship appears to influence a constituent's decision-making process. Conflicts of interest could arise in areas of:

- Secondary employment
- Acceptance of gifts, payments or services, directly or indirectly, from patients, families, sponsors, or vendors to influence care, referrals or the Catholic Health System business decisions.
- Directing business to a company in which a constituent or his/her family has a financial interest.
- Owning or holding a financial interest in a company that is a vendor, contractor, or supplier of the Catholic Health System.
- Performing consultative services for a customer, vendor or supplier of the Catholic Health System.

Anything that you believe based on these definitions to be a potential conflict of interest, must be disclosed as the initial step to assuring an actual conflict of interest does not occur. Consult your department chair or Corporate Compliance ComplianceOffice@chsbuffalo.org for clarification.

• **FALSE CLAIMS ACT**

The Federal False Claims Act (FCA) is a law governing fraud, waste and abuse. The FCA makes it a crime for any person or organization to knowingly make a false record, file or submit a false claim with the government for payment. Under certain circumstances, an inaccurate Medicare, Medicaid, or VA claim could become a false claim. Examples of possible False Claims include someone knowingly billing Medicare for services that were not provided, were not ordered by a provider, or were provided at sub-standard quality. Violations of the Federal False Claims Act will result in severe penalties.

New York State has instituted a FCA that mirrors the federal False Claims Act. These penalties are higher than the federal penalties. Additional regulations in 2009 expanded the FCA by adding liability for improper retention of government overpayment, stating overpayments are to be returned within 60 days of discovery. Therefore, CH expects that our associates who are involved with submitting claims for provided services will only use true, complete and accurate information.

Under the False Claims Act, a person who knows a false claim was submitted for payment can file a lawsuit (Qui Tam action) in Federal Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government's attention. The New York State False Claims Act allows a similar lawsuit in State court if a false claim is filed with the State for payment, such as under Medicaid.

CH is committed to helping all constituents resolve conflicts, questions or concerns that arise in the workplace. Likewise, constituents have the responsibility to raise concerns with appropriate CH personnel

• **REPORTING**

Combating fraud, abuse and waste can be achieved through ongoing reporting, auditing, process improvement, and continued monitoring of identified compliance risk areas.

One of the most important ways to ensure that everyone in Catholic Health lives out the Code of Conduct is to report questionable behaviors. All individuals associated with CH have an obligation to report, in good faith, concerns about actual or potential wrong-doing related to governmental rules, laws and regulations, organizational policies/procedures and the CH Code of Conduct.

Associates and Providers are not permitted to overlook such situations. CH has adopted an open door policy allowing associates to report a discrepancy/concern with assurance that it will be addressed at the appropriate level. We are firmly committed to a policy that encourages timely disclosure of such concerns.

Catholic Health supports a policy of non-retaliation/non-intimidation for reporting in good faith a compliance concern.

It is the responsibility of any individual who believes he or she has been subjected to any retribution or retaliation, or has knowledge or information of such actions, to bring this to the attention of Corporate Compliance. Patient complaints, privacy breaches, or questions:

ComplianceOffice@chsbuffalo.org.

- **COMMITMENT**

Everyone plays a significant role in the success or failure of our compliance efforts. Through your participation in the CH Corporate Compliance Program, your actions set in place the standards of conduct, unify our compliance initiative within CH, and assist in providing quality care and services to those we serve throughout our community.

Do the right thing, and if you are uncertain....”Always Seek Knowledge” (A.S.K.). Act with integrity.

- **HIPAA Privacy & Security Regulations**

The intent of the Health Insurance Portability Accountability Act (HIPAA) is to set standards and guarantee security and privacy to protect healthcare information. In 2009 additional regulatory modifications were added to patient privacy rights that required revisions to the patient Privacy Notice. The changes included mandatory investigations with risk assessments resulting in breach notification requirements, increased penalties for failure to adhere to HIPAA standards, and increased government enforcement. The law applies to all covered entities and business associates.

- **What is Protected**

Individually identifiable health information (Protected Health Information - PHI) must be protected. “Health Information” is any past, present and future information (oral or recorded) in any form or medium that is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school, university, or health care clearinghouse and includes payment information.

PHI Identifiers-Protected Health Information

- Name
- E-mail and website addresses
- Social Security Numbers
- Telephone and fax numbers
- Account numbers
- Health plan beneficiary numbers
- Certificate/license numbers
- Full face photographic images
- Vehicle identifiers and serial numbers

- Medical Device numbers
- Geographic subdivisions smaller than a state
- Biometric identifiers (finger prints and voiceprints)
- All elements of dates directly relating to the individual's birth date, admission date, discharge date, date of death, and all ages over 89
- Any other unique identifying number, characteristic or code

Physical Safeguards for Maintaining Privacy of Information

- Be aware of your surroundings, lower your voice.
- Be conscious of who is in the immediate area when discussing sensitive patient information
- Be careful when on the phone discussing patient information
- Secure your area when not attended
- Log off of computer screens containing PHI before leaving the area. If you are returning shortly use Ctrl/Alt/Delete then simply enter your password to return to the screen
- Close medical records when not in use and store them in a secure area
- Do not allow other associates to utilize your ID and computer password
- Do not leave papers with PHI in plain view
- Secure fax machines in areas away from public access
- Pick up faxed or printed PHI immediately and correctly identify and verify transmissions
- Destroy and dispose of documents containing PHI so that the information cannot be retrieved.
- Do NOT text PHI unless you know for certain the transmission is encrypted.

Sending Emails with PHI Internally and Externally

All emails sent internally within CH are secure. Emails sent externally, outside the system, need to be encrypted. You can locate the instructions for sending external encrypted emails by typing "encryption" in the search box of

Unauthorized Accessing and Disclosure of Patient Information

A provider may access PHI that has been assigned and needed to carry out their duties. Accessing health information of family members, friends, co-workers, persons of public interest or any others that is not work related is a VIOLATION of HIPAA. Directly accessing your own personal medical records is also strictly prohibited.

Personal medical information should be accessed through the Patient Portal. Patient complaints, privacy breaches, or questions: ComplianceOffice@chsbuffalo.org

All patients utilizing CH services, including co-workers are entitled to privacy of their health information disclosing PHI through careless safeguards or to those outside of the need to know for treatment, payment or health care operations is also a VIOLATION of HIPAA

IDENTITY THEFT

- Identity theft is fraud committed or attempted by using identifying information of another person without that person's authority.
- Identifying information is a name or number that may be used to identify a specific person. For example: name, address, telephone number, social security number, date of birth, driver's license, or insurance number.

- Catholic Health has an “Identity Theft Prevention and Detection Program (Policy # CHS-LS-RSK-018)” policy that can be found on the M-Files Policy Search management system.
- Contact Risk Management when an occurrence of Identity Theft is suspected or reported.

SOCIAL MEDIA POSTINGS

Catholic Health recognizes social media as an avenue for self-expression, however, associates must remember that they are personally responsible for the content they contribute and should use social media responsibly. Social Media includes, but is not limited to social networking sites such as Facebook, LinkedIn, Flickr, Twitter, personal websites, news forums, and chat rooms. Refer to: Social Media (Policy # HR123) on M-Files Policy Search.

VIOLATIONS OF PRIVACY POLICIES AND PROCEDURES MAY RESULT IN:

- Suspension of medical staff privileges
- Monetary fines for CH and the individual;
- Civil and criminal penalties (jail time) for the individual violator.

Corporate Integrity Agreement

A provider who allegedly commits Federal healthcare fraud may face exclusion, meaning they could be banned from billing Federal healthcare programs. Instead, the provider can choose to settle the case and may need to enter into a corporate integrity agreement or (“CIA”).

A CIA is an arrangement between the Office of the Inspector General of the Department of Health & Human Services (“OIG”) and the provider that outlines the requirements the provider must fulfill to continue participating in Federal healthcare programs (Medicare and/or Medicaid). In October, 2017, Catholic Health’s Home & Community Based Care program agreed to enter into a 5 year corporate integrity agreement (“CIA”) as part of a settlement with the OIG and the Department of Justice (“DOJ”) in order to resolve allegations that we had violated the False Claims Act by submitting false Medicare claims. In addition to the CIA, Catholic Health agreed to pay six million dollars to the DOJ. The settlement was directly related to allegations of medically unnecessary services provided and inadequate documentation to support those services provided to residents of our skilled nursing facilities.

Terms of CIAs vary, determined by the facts of each case, but the agreements share some consistent elements. CIAs are an enforcement tool utilized by the OIG to improve the quality of healthcare and to promote compliance with healthcare regulations. The OIG believes, as does Catholic Health, that integrating compliance into the day-to-day business operations of an organization, allows us to operate more effectively and efficiently, ultimately providing better care to patients as well as building on a culture of compliance and integrity.

Harassment:

It is the policy of CH that harassment is defined as offensive or intimidating conduct of a verbal or physical nature, which has the purpose or effect of unreasonably interfering with an associate's working condition or performance, creates a hostile, intimidating, or offensive work environment, or otherwise affects employment opportunities.

Bullying may include behaviors such as sabotaging work, having resources or information withheld, being excluded from conversations or activities at work, being accused of errors by co-workers, and being yelled or screamed at by co-workers. These offenses fall under our Conduct Principle and Corrective Action (Policy # HR011) and deal with creating conflict, unprofessional behavior toward co-workers, verbal abuse, interfering with the work of a co-worker, and spreading malicious rumors which are connected to bullying.

Sexual harassment is defined as any unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
2. Submission to a rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual;
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

All providers are accountable for their behavior and interactions whether they are engaging with a fellow provider, associate or someone not directly connected with CHS (e.g. affiliated healthcare providers, patient, patient visitor, volunteer, vendor or consultant).

HARASSMENT/DISCRIMINATION COMPLAINT PROCEDURE

Any possible victim or observer of discrimination or harassment has an obligation to notify his or her supervisor, or the organization's respective Human Resources Director, and any other officer of the organization immediately.

Any person electing to utilize this process will be treated courteously, the problem handled swiftly and as confidentially feasible in the light of the need to take appropriate corrective action.

Associates are strongly urged to utilize this process. The filing of malicious complaints is an abuse of this policy and is prohibited and will lead to corrective action.

Anyone who is found to have engaged in prohibited discrimination or harassment will be subject to appropriate disciplinary action which may include termination.

RETALIATION

No hardship, loss of benefit, or penalty may be imposed on an associate as punishment for filing or responding to a bona fide complaint of discrimination or harassment; appearing as a witness in the investigation of a complaint; or serving as an investigator.

M-Files Policy: Discrimination and Harassment (Policy # HR016); Sexual Harassment (Policy # HR016A)

Population Specific Treatment:

Stroke

According to the CDC, stroke kills almost 130,000 Americans every year. Stroke is the 5th leading cause of death in the United States. Catholic Health has accreditation from Joint Commission as a Primary Stroke Center at Kenmore Mercy Hospital, Mount St. Mary's Hospital and as an Advanced Comprehensive Stroke Center at Buffalo Mercy Hospital and also all acute hospitals are NYS DOH designated stroke centers. We are committed to providing education to all associates, volunteers and vendors on how to recognize and react to the symptoms of stroke. If you recognize any of these symptoms and you are at home, please call 911 and get immediate emergency medical attention. Remember, "Time is Brain."

BARATRIC

Obesity is a complex disease where there is an excess of total body fat and weight is 20% or more above normal body weight. More than 35% of U.S. men and women were obese in 2009-2010 and 17% of U.S. children were obese in 2009-2012 (www.cdc.gov).

The terminology for care of the obese patient population is called bariatric care. Obesity not only causes poor health for those people suffering from it, it also causes negative self-image, discrimination, depression and difficulty performing self-hygiene. Studies have shown that society has a low respect for people with obesity. People with obesity may experience social isolation, and have poor quality relationships.

Unfortunately, health care workers have been shown to have weight bias because it is thought that a lack of self-discipline and will power have caused this disease. When caring for people with obesity, ask yourself the following:

- What assumptions do I make based only on a person's weight about their character, intelligence, success, and health status or lifestyle behaviors?
- Could my assumptions impact how I care for this person?
- Do I only look at their weight problem and not the other health problems they may have?

Challenge the weight bias in healthcare by leading by example and demonstrate sensitivity and compassion to our patients, residents, and visitors. Recognize that this individual is very aware of their weight problem and has probably tried to lose weight in the past. Acknowledge the difficulty this person may have with their health, activities of daily living and in their personal life. In addition, maintain their dignity by providing the right equipment, hospital gowns and privacy that will accommodate their size.

As healthcare workers, whether clinical or non-clinical, our role is to provide care for the physical and social needs of the community. Good communication skills accompanied with compassion, empathy, support and a smile make a positive difference to people with obesity.

Severe Sepsis and Septic Shock

EARLY RECOGNITION AND TREATMENT IS KEY

Mortality rates from between 25% to 30% for Severe Sepsis and 40% to 70% for Septic Shock.

Look for the following in a patient with a potential source of infection:

Temperature >38.5 or < 35.0

HR > 90

RR > 20

WBC > 12,000

Documentation of Severe Sepsis must include signs of organ dysfunction:

Hypotension, mottled skin, abrupt mental changes, acute respiratory failure, cardiac change, Lactic acid > 2mmol

Patient's, Parent, and Breastfeeding Mothers' Bill of Rights:

- Patients in a New York State hospital, have certain rights and protections guaranteed by state and federal laws and regulations. These laws and regulations help ensure the quality and safety of hospital care. Catholic Health adheres the New York State Department of Health Regulations regarding Patient's, Parent's, and Breastfeeding Mother's Bill of Rights.

Copies of the Bill of Rights can be found :

https://www.health.ny.gov/professionals/patients/patient_rights/

Advance Directives:

Catholic Health System recognizes the importance of advance directives in the care of its patients and residents. Health care professionals must identify if a patient has executed an advance directive and honor the patient's/residents wishes in accordance with his or her advance directives to the extent possible, in consultation with the patient's healthcare agent or surrogate, if available.

An **advance directive** is a written instruction, recognized under state law that relates to the provision of such care when the individual is incapacitated.

New York State recognizes the following advance directives relating to health care:

- 1. Medical Orders for Life Sustaining Treatment (MOLST):** A form approved by the NYS Department of Health that allows a patient with serious health conditions who (a) want to avoid or receive any or all lifesustaining treatment; (b) reside in a long-term facility or require long-term care services; and/or (c) might die within the next year. The MOLST form is one way of documenting a patient's treatment preferences concerning life-sustaining treatment.
- 2. NYS Health Care Proxy:** a document delegating the authority to a healthcare agent to make health care decisions, executed in accordance with the requirements of NYS Law. It takes effect when the attending physician determines lack of capacity to a reasonable degree of medical certainty, and in the case of lifesustaining treatment, two doctors must concur that the individual cannot make his or her own decisions.
- 3. Living Will:** a document that allows the individual to designate what he or she wants, or does not want, especially at the end of life. A living will cannot designate a health care agent; a health care proxy is needed to designate an agent. However, individual's documented wishes in the living will may be incorporated into a health care proxy. A living will takes effect when an individual lacks capacity to understand the risks and benefits associated with medical care, and a doctor confirms that the individual has an incurable condition. A NYS standard form does not exist, but documents that are properly executed shall be honored.

4. Do Not Resuscitate (DNR) Order: a doctor's order specifying that an individual will not be revived if respiratory or cardiac arrest occurs. Instructions may be incorporated into a health care proxy or living will. It takes effect when signed by the individual's attending physician.

Ethics:

Ethics consultation is a process by which a team of interdisciplinary consultants provide help, upon request, for issues directly involving a patient or resident. Ethics consultation is an advisory service that offers non-binding recommendations. Patients, family members, and healthcare providers remain responsible for their own decisions. If you and your staff want to request an Ethics Consultation, please talk to your Mission leader.

Mission: <https://my.chsbuffalo.org/mission>

Organ Donation:

All hospitals must have an agreement with an organ procurement organization (OPO). The law requires hospitals to maintain written protocols and policies pertaining to the reporting of ALL DEATHS, ALL IMMINENT DEATHS, and ALL patients meeting "clinical triggers" to the OPO. The purpose of the law is to ensure that all families are informed of their options, if they have any, for organ, tissue, and eye donation.

The process of dying is looked at in two ways. The first is cardiac death – irreversible cessation of circulatory and respiratory functions – heart stops beating – no vital signs. All cardiac deaths need to be reported to the OPO within one hour of death. These patients may be able to donate tissue or eyes. The second is brain death – the irreversible cessation of all functions of the entire brain, including the brain stem. This is the legal definition of death. These patients may be able to donate organs as well as tissue and eyes. Clinical triggers of imminent death which would require notification to the OPO include: unresponsive or a Glasgow Coma Scale of 5 or less, loss of one neurologic response, brain death testing has been started or consulted, any discussion of withdrawal of life support, or anytime a family inquires about donation.

SCREENING FOR ABUSE, NEGLECT, MALTREATMENT and POTENTIAL HUMAN TRAFFICKING:

The purpose is to provide consistent and appropriate screening, identification, and management of patients who are victims of child abuse, adult/elder abuse, or domestic violence.

- It is the policy of the Catholic Health System to provide patients with an environment which is free from neglect and abuse.
- All patients seen in the emergency room, admitted to the hospital in an observation or inpatient status are screened for potential abuse, neglect, or maltreatment as part of a nursing assessment.
- When a patient in an outpatient or ancillary departments is identified as having been a potential and/or actual victim of abuse, neglect, or maltreatment, the department manager and/ or nursing supervisor will assist with further evaluation and management of the patient.
- When a patient in the emergency room, or admitted to the hospital in an observation or inpatient status is identified as having been a potential and/ or actual victim of abuse, the patient will be evaluated and managed by the physician and members of the interdisciplinary care team as appropriate.
- A person is a victim of human trafficking if they: A) have been forced, coerced, or defrauded into prostitution or other commercial sex acts; and/or B) have been forced, coerced, or defrauded into involuntary labor.
- Exception: all children under the age of 18 who perform commercial sex acts are victims of trafficking, even if they were not coerced into those sex acts.

Indications of potential abuse

- A. Unexplained injuries or injuries inconsistent with explanation
- B. Injuries forming a distinctive pattern or in various stages of healing
- C. Any injury during pregnancy, especially to the abdomen or chest
- D. Evidence of sexual assault; in children, injury to genital area
- E. Malnutrition, poor hygiene, evidence of poor care including not taking/being given prescribed medications
- F. Observed symptoms of depression, withdrawal, resignation, ambivalence; suicidal thoughts
- G. Observed signs of fear, anxiety, silence in the presence of a caregiver, partner, parent or guardian
- H. Observed or expressed reluctance to leave the hospital or leave with the caregiver, partner, parent or guardian
- I. Inaccurate or incomplete knowledge of finances or disparity between finances and living conditions
- J. Observed fear or anxiety when asked or discussing factors related to abuse or neglect
- K. Reported abuse or neglect by the adult person, child, or other

Limited English Proficiency:

Any limited English speaking or hard of hearing patient who presents at our facilities for care will have access to interpretive services 24 hours a day, 7 days a week. Language assistance will be offered at registration or at the beginning of the provision of services. Patients are informed that the service is provided free-of-charge.

All CH associates and providers that provide “medical information” discussed with a patient are required to document the communication assistance provided in the patient’s medical record. Hospital patients who are visually impaired should be offered enlarged print at pre-admission and for discharge planning. The Nursing Supervisor or patient representative is available if further assistance or information is needed.

M-Files Policy: Communication Assistance for Patients and Patient Representatives (Policy # CHS-CCP-121A).

The communication assistance program must be utilized when:

- Obtaining Consent
- Conducting a H & P
- Discussing detailed health information
- Providing discharge information

It is not acceptable to utilize a family member / friend unless the patient agrees to this via the official interpreter service. This declination of the official interpreter service must be documented in the medical record.

Emtala Regulations:

EMTALA is the **E**mergency **M**edical **T**reatment and **A**ctive **L**abor **A**ct, a.k.a. COBRA. EMTALA provides a guideline for safely and appropriately transferring patients in accordance with Federal regulations. The law provides for a medical screening exam (MSE) to all individuals seeking emergency services on hospital property. Hospital property includes the driveway, parking lot, lobby, waiting rooms and areas within 250 yards of the facility. If an emergency medical condition is found, the patient will be stabilized within the hospital’s ability to do so, prior to the patient’s transfer or discharge. *** **Never suggest that a patient go elsewhere for treatment..**

If there is a situation where a patient needs to be escorted from the ED by law enforcement it is critical that every effort is made to complete some level of a medical screening exam. Documentation in the EMR should document clearly the details of the events.

Patient Complaints:

Complaints are another opportunity for improvement. The patient bill of rights provides for the patient to bring concerns to our attention without fear of reprisal.

What happens when a Complaint is filed?

- If the patient's concern cannot be handled immediately, the concern should be elevated to a member of the management team. Employees are empowered to resolve issues within the scope of their job (or report to manager).
- Once a complaint is referred to the Patient Representative they will follow-up with patient and/ or their representative.
- Patient complaints are tracked and trended for opportunities for improvement
- Remember patients and families have the right to take concerns to the Department of Health and the Joint Commission

Patient Experience:

Monthly a sample of patients are mailed a survey to complete.

- Sample Questions:
 - During this hospital stay, how often did doctors listen to you carefully
 - During this hospital stay, how often did doctors explain things in a way you could understand
 - During this hospital stay, how often did doctors treat you with courtesy and respect
 - Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay (Note: Only a 9 or 10 is counted as rating the hospital in the overall rating)
- What Can they Provider do:
 - Doctor Courtesy and Respect:
 - Greet patient, address patient by name, shake hands, introduce yourself and role
 - Strengthen Nurse/ Physician relationships- collaborative relationships put patients at ease
 - Ask patients if they have any questions
 - Focus on acknowledging the patient and introduce care givers
 - Doctors Listen Carefully:
 - Reflective listening (paraphrasing)- pay attention to tone of voice, allow patient to talk uninterrupted, maintain eye contact, use open ended questions "Tell me about..."
 - Show empathy- makes a big difference in patient's perception of whether the physician is listening, diffuses tension and fear
 - Listen to family members
 - Doctors Explained Understandable:
 - Explain the patient's diagnosis in clear simplistic terms
 - Explain medications to the patient re: name of med, purpose of med,
 - Confirm information given to patient and that they understand it. Allow time for them to ask questions.
 - When you will be off and someone will be covering for you. Let the patient know who the next provider will be
- Why is This Important?
 - Information Available to the Public
 - Reimbursement Related Quality Measure Programs
 - Our Mission and Values

Health, Safety, Security and Environment:

Prevention is the key to successful programs.

- Anticipate and recognize potential hazards (situational awareness).
- Evaluate the likelihood that the hazard may cause an injury or illness.
- Control the risk associated with the hazard Prevention is everyone's responsibility.

• RESPONSIBILITIES

- Providers have the opportunity to anticipate and recognize hazards since they are exposed most often.

They are responsible for:

- Following all policies and procedures.
- Wearing the required Personal Protective Equipment (PPE).
- Asking for assistance if you need help.
- Maintaining Situational Awareness –Thinking the task through prior to starting; pause a second to plan the job to eliminate potential hazards.
- Working cautiously- do not take chances.
- Obeying warnings/warning signs – they are posted for a reason.
- Understanding when special training or equipment may be needed.
- Reporting any unsafe act or condition immediately to your supervisor.
- Using the safety devices that are available to you

• WORKPLACE VIOLENCE:

- Workplace violence is any physical assault, threatening behavior or verbal abuse occurring in the workplace or on duty.
- WATCH FOR SIGNS OF IMPENDING VIOLENCE:
 - A person verbally expressing anger and frustration
 - Rage
 - Body language such as threatening gestures
 - Signs of drug or alcohol use
 - Presence of weapon
- IF THE SITUATION ESCALATES:
 - Remove yourself from the situation
 - Call security for HELP, if needed, call the Switchboard at 55555 and off-sites dial 911. Notify your manager or person-in-charge.
 - Report potential or actual violent incidents to your manager or person-in-charge. Complete an Incident Report.

• PLAIN LANGUAGE: Notification of an emergency in the building

- Fire 5 North Stairwell
- ACLS ICU
- Blizzard Warning
- Medical Gas Failure
- Bomb Threat
- Fire

- **FIRE PROCEDURE (RACE)**

- **Rescue:** remove anyone in danger (if it is safe to do so). If necessary move patients behind the next set of fire doors.
- **Announce/Alert:** activate the nearest fire alarm.
 - Yell Fire and Location
 - Pull the nearest Fire Alarm Pull Station OR
 - Tell a fellow associate to pull the pull station!
 - Dial Notify Switchboard or the Fire Department by the organizations emergency number (55555 or 911)
- **Confine/Contain:** confine the fire by closing the surrounding windows and doors.
- **Evacuate:** evacuate (when directed by Incident Commander) to protect lives within the smoke compartment, move horizontally to next smoke compartment or area.

- **Provider Role in Emergency Response**

- In the event of an emergency, your primary responsibility is the continued care of your/our patients.
- In accordance with both state and federal regulations, Catholic Health has incorporated the Incident Command System (ICS) as the institutional response method for emergencies and disasters.
- It uses a commonly accepted language and structure by all emergency responders of our community including fire departments and law enforcement.
- Since disaster response is every staff members' responsibility, you need to be aware of your role in our organizational structure to provide for addressing the many facets of an emergency.
- The nature of the event will have a bearing on the measures to be taken. A simple example would be expedited discharge planning due to an impending evacuation.

- **Tobacco Free Policy**

- Smoking and all related tobacco product use is strictly prohibited in or around any Catholic Health Campus or Vehicle; this includes the use of E-Cigarettes

- **Sharps Safety / Blood and Body Fluid Exposures**

- Where have sharps accidents occurred
 - During Use
 - After Use
 - During Disposable
 - Recapping
- Report all Blood and Body Fluid Exposures Immediately

Radiation Safety:

10 Pearls: Radiation protection of *patients* in fluoroscopy (<https://www.iaea.org/resources/rpop/resources/posters-and-leaflets>)

10 Pearls: Radiation protection of *staff* in fluoroscopy (<https://www.iaea.org/resources/rpop/resources/posters-and-leaflets>)

Image Gently (Image Gently...Step Lightly, Pause & Pulse, Have-A-Heart)

<https://www.imagegently.org/>

- Ask patient or family about previous radiation. Answer questions about radiation safety.
- Use non-radiation modality, such as ultrasound or MRI, when possible.
- Remove grids when performing fluoroscopy examinations on small patients

- Position hanging table shields and overhead lead shields prior to an interventional procedure with reminders during the case as needed
- Position and collimate with fluoroscopy off, tapping on the pedal to check position
- Collimate tightly. Exclude eyes, thyroid, breast, gonads when possible.
- Operators and personnel wear well fitted lead aprons, thyroid shield and leaded eye wear
- Keep II tower as close to patient as possible.
- Operator and personnel hands out of beam
- Use pulse rather than continuous fluoroscopy when possible, and with as low a pulse as possible.
- *Step Lightly and Pause* when you *Pulse*: tap on fluoroscopy button/pedal and review anatomy on last image hold rather than with live fluoroscopy; minimize live fluoroscopy time.
- Minimize use of electronic magnification: use digital zoom whenever possible
- Acknowledge fluoroscopy timing alerts during procedure
- Use last image hold whenever possible instead of exposers
- Adjust acquisition parameters to achieve lowest dose necessary to accomplish procedure: use lowest dose protocol possible for patient size, lower frame rate, minimize magnification, reduce length of run
- Plan and communicate number and timing of acquisitions, contrast parameters, patient positioning and suspension of respiration with radiology and sedation team in advance to minimize improper or unneeded runs
- Use power injector or extension tubing if hand injection
- Move personnel away from table or behind protective shields during acquisitions
- Minimize overlap of fields on subsequent acquisitions
- Patient shielding is not routinely recommended as collimation is the best method of reducing extraneous dose and there is some thought that shielding may actually increase internal backscatter. However, the evidence is not clear and therefore if the family requests shielding, it may be used
- After procedure: record and review dose
- Ensure that the equipment is checked regularly by physicist or designee with appropriate skills

Pain Management:

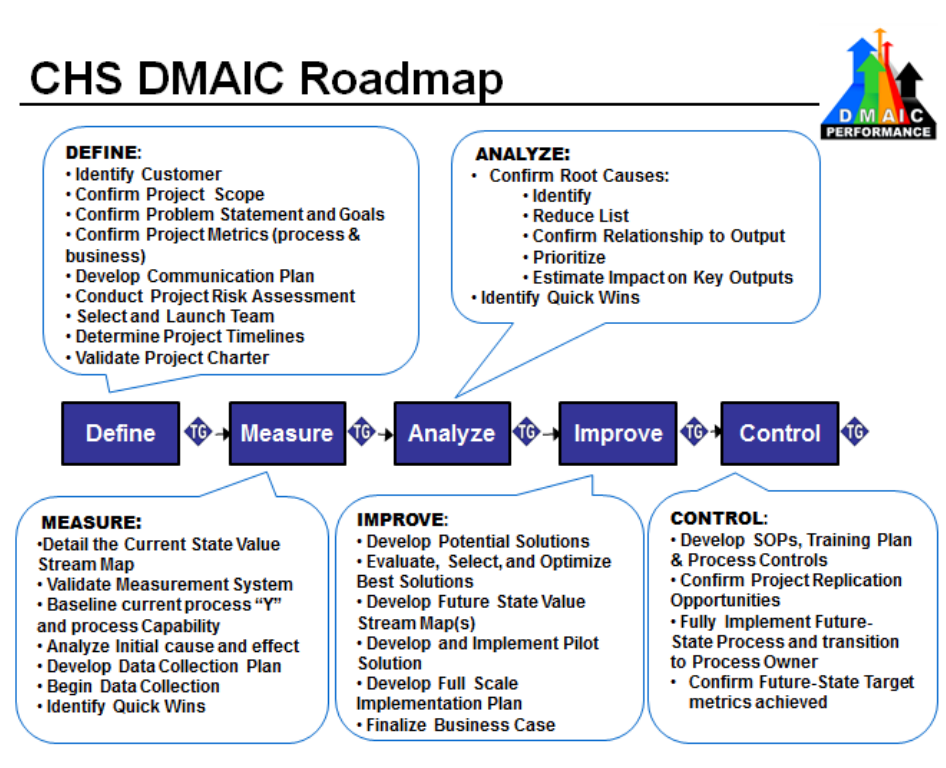
Key Points to Pain Management:

- **Determining when to initiate or continue opioids for chronic pain**
 1. Non-pharmacologic and non-opioid pharmacologic therapies to modulate pain should be recommended first (before opioids).
 2. Treatment goals should be established before initiating opioid therapy for chronic pain.
 - Realistic goals should be established for pain and improvement in function.
 - Goals should address how therapy will be discontinued and if the risks outweigh the benefits.
 3. When initiating, and periodically during, opioid therapy, providers should weigh the potential risks versus benefits of opioids and discuss them with the patient.
- When treating acute pain, it is important to prescribe the lowest effective dose of immediate-release opioids and not to prescribe opioids for longer than necessary. Three days or less will often be sufficient; >7 days is rarely needed.
 - To reduce overprescribing of opioid medications, initial opioid prescribing for acute pain is limited to 7 days per New York State (NYS) Public Health Law Section 3331, 5. (b), (c).
 - o Acute pain is defined as pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time.
- Prescribers should review the patient's controlled substance prescription history in the state's Prescription Monitoring Program (PMP).
 - The NYS Internet System for Tracking Over-Prescribing (I-STOP) - PMP should be checked when prescribing a Schedule II, III, or IV controlled substance.

- For patients requiring longer therapy for chronic pain, the PMP should also be monitored regularly.
- The PMP provides a history of controlled substance prescriptions dispensed to patients in NYS.
- If a patient develops an opioid use disorder, provide the patient with the proper tools to seek treatment.
 - The NYS Office of Alcoholism and Substance Abuse Services (OASAS) operates a toll-free, anonymous and confidential service that offers help to patients with alcoholism, drug abuse and gambling problems.
- The HOPELINE contact number is 1-877-8-HOPE-NY or text HOPENY.
- When writing orders for patients in the hospital include criteria ie: for moderate pain. Do not write for more than one medication for the same criteria. The RN is not able to decide which medication to administer to the patient.

Quality and Patient Safety

HOW DO WE MAKE IMPROVEMENTS? Lean Six Sigma



Patient Safety:

REDUCING PATIENT FALLS

- All patients are assessed for falls risk on admission
- A falls risk assessment is completed daily on all patients
- The Morse Falls Risk Assessment is Utilized
- Evaluate the medications ordered for your patient do they place the patient at risk
- RN's can determine a patient requires a sitter
- Patients who have fallen must be assessed by a provider

RESTRAINT USE

Catholic Health is committed to reducing restraint use for patients.

What is a Restraint?

- Any manual method that immobilizes or reduces the ability of the patient to move his or her arms, legs, body or head freely

Chemical Restraint – “a medication used to control behavior or to restrict the patients freedom of movement and is not standard treatment or dosage for the patient’s condition”

- In order to be a chemical restraint the dose must be outside of normal parameters or used off-label
- Not a Chemical Restraint when the intervention is considered Standard Treatment**
- IN GENERAL CHEMICAL RESTRAINTS ARE NOT UTILIZED AT CH**

Behavioral Restraints – think Violent Behavior

- May only be used to manage Violent/Self-Destructive (V/SD) behavior that jeopardizes the immediate physical safety of the patient, a staff member or others
- The Provider** must see the patient face to face within one (1) hour of restraint application

Acute Medical surgical Restraints

- An indication to use this type of restraint is that the patient is pulling at lines or endotracheal tubes that are medically necessary
- Please remember you must utilize preventable or alternative strategies prior to implementing restraints

Restraint requirements include:

- One that protects the patient’s health and safety
- Preserves the patient’s rights and well-being
- Alternatives must be attempted
- Least restrictive method must be utilized
- Patient must be monitored on a routine basis
- Documentation must support and include patient’s response and rationale for continued use
- Mitts are not considered a restraint. A provider order is not required. The patient is free to move their hand. If a restraint is used in combination this would be a restraint.**
- If restraints are discontinued based on patient assessment, a NEW order is required to place the patient back in restraints. If restraints are removed as a trial a NEW order is also required to place the patient back in restraints.
- Provider Responsibilities:
 - Assess the patient’s
 - Determine the need for the restraint
 - Assess for alternatives
 - Assess the patient and reorder daily



PATIENT IDENTIFICATION:

Patient identity should be verified:

- Prior to starting any procedure including blood draws.
- Prior to medication administration.
- Prior to performing an assessment.
- Upon arriving to unit/department.

- When obtaining a consent.
- When documenting in the medical record including but not limited to placing orders, documenting notes or placing documents into the record.
- Prior to administration of a blood product.
- Any clinical interaction with a patient.

Process for Patient Identification:

- Patient Identification requires two unique identifiers which are: Date of Birth and Patient Name (legal or preferred) as found on the Patient ID band
- The information on the ID band will be compared to another source of documentation (i.e.: MAR, blood product label, transport slip, outpatient registration slip).
- Whenever possible the patient should be involved and requested to state information which is compared to another source.
- The use of bar-coding technology to verify patient identification does not exclude involving the patient; whenever possible the patient should be involved in the process.
- *When using the EMR always verify patient identification to insure you are entering information into the correct medical record.*
- **ROOM NUMBER SHOULD NEVER BE UTILIZED AS A PATIENT IDENTIFIER.**

NOTE: In the Newborn Nursery/NICU - Name and Medical Record are utilized as the 2 patient identifiers

PROCEDURE SAFETY:

- Prior to any Operating Room Procedure:
 - The H & P is required to be reviewed and updated as necessary
 - Medications are to be reviewed
 - Allergies are to be reviewed
- Prior to any Invasive procedure (GI, interventional radiology, bedside):
 - A examine specific to the procedure is required (short H & P)
 - Medications are to be reviewed
 - Allergies are to be reviewed
- An immediate Post-procedure note must be completed prior to the patient being moved to the next level of care.
- Any Procedure requiring Anesthesia including moderate sedation requires an airway assessment and an ASA class
- Consents: The provider is responsible for discussing the procedure with the patient and providing the patient with sufficient information to insure that they have informed consent. A nurse cannot obtain consent, they are able to witness the patient's signature.
- **"Time Out"** Immediately before starting procedure for ALL procedure requiring a CONSENT

The "time-out" includes the following:

- Active participation by all participants
- Correct patient confirmed by team
- Agreement by team on procedure to be performed
- Correct side / site marked - agreement on site/side by team
- Correct patient position
- Equipment/implants appropriately prepared
- Prophylactic Antibiotics started within 60 minutes prior to incision (exception - 2 hrs Vancomycin; if > 60 minutes or 2 hrs. re-dose then proceed)
- Confirmation of Images
- Safety Concerns Addressed

- **Post Procedure Debriefing:** At the end of the procedure the team stops to review the procedure and key elements such as; specimens to go to the lab, wound class, critical details impacting patient recovery. This is required for all procedures. *The provider is required to complete prior to leaving the room.*

MALIGNANT HYPERTHERMIA (MH)

Incidence & Prevalence

- Report frequency of MH is 1 in 5,00 to 1 in 100,000 anesthetics
- Report from every country and ethnic group
- Based on reports to MHAUS there are about 600 cases of MH per year in the US

Clinical Signs of MH

- Specific
 - Muscle Rigidity
 - Increased CO₂ Production
 - Rhabdomyolysis
 - Marked temperature Elevation
- Non-Specific
 - Tachycardia
 - Tachypnea
 - Acidosis
 - Hyperkalemia

DEPRESSION SCREENING / SUICIDE ASSESSMENT AND PREVENTION

- Patients are screened for risk of suicide in the ED and on admission utilizing the PHQ- 9 (depression screening)
- Attempted suicides and patients determined to be at risk are placed in suicide precautions
- Nursing has suicide prevention kits available to them to assist in placing a patient in precautions
- While in precautions patients must remain in DIRECT OBSERVATION at all times
- Suicide precautions require a provider order
- Once placed in precautions a psych consult is required within 24 hours
- Recommendations are embedded within the EMR related to patients identified to be at risk for depression
 - Social work interventions
 - Medication reviews by pharmacy

CRITICAL VALUES

What is a critical value?

A critical value is a test result that when action is not taken immediately can cause patient harm. Examples:

- Radiology Results
 - Pneumothorax
 - Intra- Cranial Bleeds
 - Retained Foreign Body
- Cardiology Results
 - Acute MI on EKG
 - Echo that notes Aortic Dissection
- Lab Results
 - Positive Blood Culture
 - White Blood Cell Count > 50
 - Potassium > 6

Notification of Critical Values:

- The Physician/Provider ALWAYS needs to be notified/ aware within 60 minutes:
- The person who obtains the result is responsible to notify a RN on the nursing unit for in-patients or the physician for out - patients
- The RN on the nursing unit is responsible to call the physician.
- The Physician needs to return the call within a reasonable time generally not to exceed 60 minutes
- Secure chat CAN NOT be utilized to notify a provider of a critical value result. Secure chat can be utilized to notify a provider they need to contact you to discuss a critical value.

ANTICOAGULATION SAFETY

Anticoagulants, such as Unfractionated Heparin, Low Molecular Heparins, and Warfarin are considered high risk drugs. What can be done to reduce or prevent these adverse events related to these medications?

- Provide your patient education – all patients receiving anticoagulation should receive education regarding the medication they are receiving. This education should be documented in the medical record. Patient education tools regarding these medications are available on the nursing units. Within Soarian there is the ability to print the Warfarin administration record.
- Insure your patient is properly monitored – patient's receiving anticoagulation need to be carefully monitored. The medical staff, pharmacy, nursing and the lab need to work together to insure this is accomplished according to policy. When critical values are obtained they need to be called to the physician and the medication may need to be adjusted.
- Medications need to be administered carefully – IV heparin always needs to be administered via an IV pump; it should not be free flowing. Utilize the Guardrails on the IV pumps. Medication doses should be carefully checked, careful attention should be paid to detail to insure errors are not made with look-alike sound alike medications. The Heparin protocol should be utilized for IV Heparin orders.
- Review medications prior to procedures. Consult a pharmacist regarding questions for holding a medication prior to a procedure
- Patients taking Coumadin need to watch their intake of vitamin K – green leafy vegetables are a high source of vitamin K.

MEDICATION RECONCILIATION:**Medication Reconciliation is Required on Admission**

- The list home current home medications should be reviewed with the patient and updated as necessary.
- All necessary home medications should be ordered for the patient while they are an in-patient.

During the Hospital Stay:

- When patients are transferred into or out of critical care
- When patients are transferred out of the OR to in-patient status

Medication Reconciliation is Required at Discharge:

- The patient must be given a complete list of medications they are to take at discharge (includes nursing home patients) – the list should be reviewed with the patient and/or family.
- The physician completes discharge reconciliation within the EMR and the patient is provided an electronic list at discharge of medications at discharge
- Out – patients always need clear instructions with regards to any changes in medication

PRESSURE INJURY PREVENTION / TREATMENT

- The condition of the patients skin needs to be documented at the time of admission
- Be aware of alerts that are prompting that the patient has a pressure injury – FOLLOW-UP and document the patient's condition and place appropriate orders
- Address wound advisor recommendations for pressure injury treatments
- Consult a wound advisor for recommendations
- Discuss pressure injury staging with the RN caring for your patient it is essential that pressure injury and wound staging is consistent among all providers
- Manage the patient's nutrition status
 - Let the Nurse know if patient doesn't eat or has trouble eating
- Provide patient and family education
- Address pressure injury and wound care at the time of discharge

VERBAL ORDERS

- It is the policy of Catholic Health to limit the number of verbal orders taken. It is also the policy of Catholic Health that verbal orders taken in person should be taken only in emergencies.
- The definition of a verbal order does NOT include text messages and these orders cannot be taken.
- Prior to taking a verbal order the identity of the patient is to be confirmed. The verbal order should be documented and repeated back to the provider.
- In all cases, the member of the medical staff must authenticate orders within 48 hours.

OCCURRENCE REPORTING

- Occurrences are events that are unplanned, unexpected and unrelated to the natural course of a patient's disease process or routine care and treatment.
- Occurrences can happen in any department. Any associate or physician who discovers, witnesses or to whom an occurrence is reported is responsible for documenting the event immediately via Occurrence Report. It is important to document the facts only – who, what, when, where and why. Occurrences are reported electronically from the CH intranet.
- The purpose of the occurrence report is to: enhance quality of patient care, assist in providing a safe environment, and quick notice of potential liability
- Do Not: Document in the medical record that an "occurrence report" was completed or Give your opinion in the medical record or on the occurrence report
- **GREAT CATCH** – event that does reach the patient but has the potential to cause harm

SIGNIFICANT EVENTS & ROOT CAUSE ANALYSIS

- Significant Events Are a set of defined events that have caused or have the potential to cause harm to a patient.
- Root Cause Analysis:
 - A team of administration, medical staff and associates that analyze a Significant Event to determine the Causes and find Solutions to prevent a future occurrence of a similar event.

MEDICAL STAFF QUALITY (PEER REVIEW / ONGOING PROFESSIONAL PRACTICE EVALUATION)

- Peer Review is conducted at CH to ensure that there is a level of professional performance and behavior that meets or exceeds the accepted standard of care and is conducive to delivering safe, quality patient centered care guided by the Mission, Vision and Values of Catholic Health. All Medical Staff Peer Review is protected and privileged under section 2805j of the NYS Public Health Law and section §6527 of the NYS Education Law.

- Cases for potential Peer Review as delineated by the 2805j code may be collected from but not limited to, the following sources:
 - A. Midas Outcomes
 - B. Significant Event Process
 - C. CHS Occurrence reports
 - D. Departmental/Service Line/ Registries/ Clinical Service Referrals
 - E. Soarian Decision Support System and other reports
 - F. Health Information Management
 - G. Medical Staff Leadership
 - H. Infection Prevention and Control
 - I. External
- Peer Review is conducted at CH to ensure that there is a level of professional performance and behavior that meets or exceeds the accepted standard of care and is conducive to delivering safe, quality patient centered care guided by the Mission, Vision and Values of Catholic Health. All Medical Staff Peer Review is protected and privileged under section 2805j of the NYS Public Health Law and section §6527 of the NYS Education Law.

Infection Control:

Infection Control (IC) performance improvement activities are intended to monitor, document, and improve the quality of Infection Control practice through ongoing surveillance.

Preventing infection is the responsibility of everyone working at Catholic Health. Infections can put everyone at risk. We know that infections can be prevented if everyone is committed to doing his/her part to prevent infections from developing and spreading.

Hand Hygiene

One of the best ways to prevent the spread of infection is Hand Hygiene (Policy # IC 110)

Hand hygiene is the single most important measure to reduce the risks of transmitting micro-organisms from one person to another or from one site to another on the same patient. Hands should be washed between patient contacts (even when gloves are worn) and after contact with blood, body fluid, secretions, excretions and equipment contaminated by them.

Good Hand Hygiene Techniques:

- **Traditional Hand Washing**
 - Use running water and soap. Remember to keep the water temperature comfortable.
 - 15-20 seconds is needed for effective Hand washing. Sing “Happy Birthday”!!
 - Apply friction to all surfaces.
 - **Must practice traditional hand washing with C diff infection patients & when hands are visibly soiled**
- **Waterless Hand Sanitizer**
 - Waterless Hand sanitizer should NOT be used when your hands are visibly soiled because you need the mechanics of handwashing. Artificial fingernails of any sort are not to be worn if you work in any clinical setting.
- **Infection Control Plan (Policy # CHS IC 100)**
 - The infection control program conducts surveillance on key focus areas. In addition, there is a continuous monitoring for trends or clusters of illness in all settings. The goal is to prevent transmission of infection for our patients, staff, providers, visitors and anyone affiliated at our facilities.

Prevention strategies are evidence based, and when used correctly and consistently, can prevent healthcare associated infections. Prevention measures are based on the Center for Disease Control, NYS Health Department and other regulatory agencies.

Standard and Isolation Precautions (Policy # IC 106 and Policy # CHS IC 103)

The purpose of isolation precautions is to **prevent the transmission of a communicable disease** by direct or indirect contact to patients, personnel, volunteers, visitors and others. *Standard precautions apply to all patients at all times.* Healthcare workers should avoid contamination of clothing and the transfer of microorganisms to other patients, surfaces and environments. Standard precautions are thought to be the most effective way to accomplish this and they protect against health care associated infections. Regardless of isolation status, reusable medical equipment & computers on wheels must be wiped down after use in a patient's room and hand hygiene must be performed.

The Isolation Precautions we practice are as follows: Contact, Droplet, Airborne, Enteric Contact & Enhanced. Follow the guidelines as listed in Policy # CHS IC 103 for each communicable disease.

Antimicrobial Stewardship (Policy # CHS IC 107)

- Antimicrobial Stewardship is defined as “coordinated interventions designed to improve and measure the appropriate use of [antibiotic] agents by **promoting the selection of the optimal [antibiotic] drug regimen including dosing, duration of therapy, and route of administration**”. Numerous studies have established antimicrobial stewardship as a safe and effective strategy to improve patient outcomes, reduce antimicrobial associated complications and reduce costs.

ATTESTATION:

I have read the provider education materials for 2023. I understand it is my responsibility as a provider at Catholic Health to adhere to all policies and procedures of Catholic Health. If additional information is required, the full policy can be obtained on M-files. I can also contact my medical staff leader with any questions.

Provider Name [Printed]: _____

Provider Signature: _____

Date: _____