Adventist HealthCare

Medical Staff and Allied Health Professional/ Advanced Practitioner Orientation

www.AdventistHealthCare.com

Table of Contents

Table of Contents

Table of Contents

AHC Mission

We extend God's care through the ministry of physical, mental and spiritual healing

AHC Values

Five key values that we use as a guide in carrying out our day-to-day activities:

- RESPECT: We recognize the infinite worth of each individual
- INTEGRITY: We are conscientious and trustworthy in everything we do
- SERVICE: We care for our patients, their families and each other with compassion
- EXCELLENCE: We do our best every day to exceed expectations
- STEWARDSHIP: We take ownership to efficiently and effectively extend God's care

AHC VISION


Establish System Direction via Strategic Planning Process – Our Main Thing
Determine Pillar of Excellence Measures of Success – Dashboard Graphs
Monitor Progress – PDP Goals
Our Vision:
To be the regional leader of our six Pillars of Excellence by 2022
People
Best Place to Work
Quality & Safety
Best Place to Receive Care
Patient Experience
Best Experience in Receiving Care
Finance
Best Long-Term Financial Viability
Growth
Best Integrated Delivery Network
Pop. Health Management
Best Coordination Across the Network
Core Process Mapping
Improve Performance by using DMAIC Methodology – Dept PI Projects
Align & Cascade Entity Initiatives to Drive Performance –

AHC Clinical Alarm and Medical Device Safety

- Nursing and Medical Staff who work with medical devices with alarms are responsible for understanding the effectiveness of critical alarm systems; ensure effective alarm coverage, appropriate alarm use, and adequate annunciation of alarms; and working knowledge of safe operation of alarms on monitoring systems in patient care areas.

- Policies: AHC Clinical Alarm/Medical Device Safety #AHC CP 11.0
- AHC Clinical Alarm/Medical Device Safety #101-01-020
- AHC Telemetry Monitoring Program #AHC CP 9.0
- AHC SGMC Fetal Monitoring #101-05-048

Alarm Safety Key Points

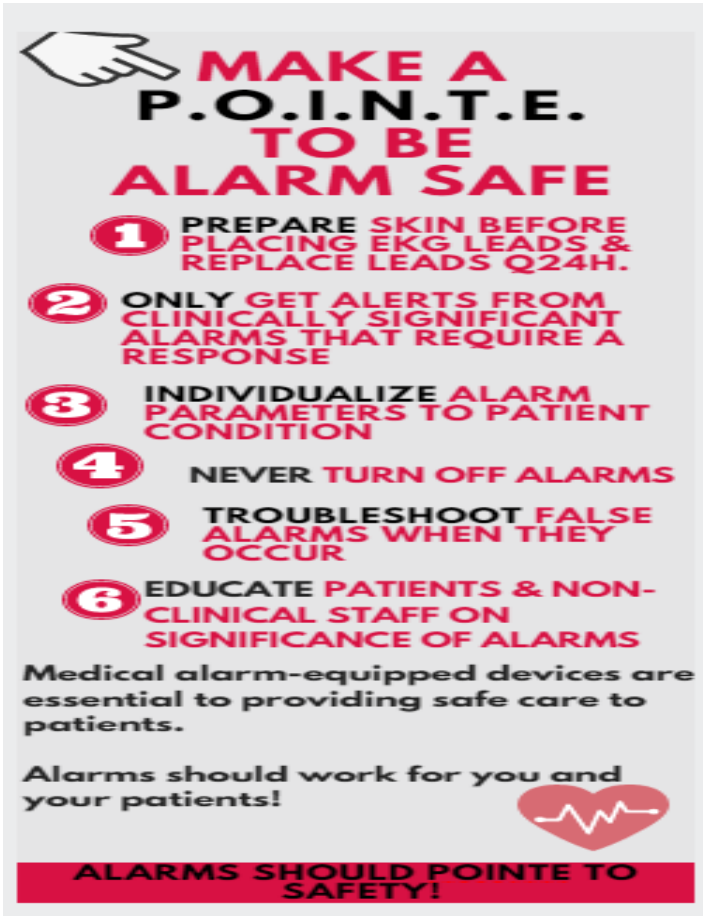
The Joint Commission Hospital National Patient Safety Goals. Goal 6: NPSG.06.01.01: Improve the safety of clinical alarm systems.

- Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety.
- This is a multifaceted problem. In some situations, individual alarm signals are difficult to detect.
- At the same time, many patient care areas have numerous alarm signals and the resulting noise and displayed information tends to desensitize staff and cause them to miss or ignore alarm signals or even disable them.
- Other issues associated with effective clinical alarm system management include too many devices with alarms, default settings that are not at an actionable level, and alarm limits that are too narrow.
- Standardization contributes to safe alarm system management, but it is recognized that solutions may have to be customized for specific clinical units, groups of patients, or individual patients.

AHC SGMC Policies and Solutions for Alarm Safety

- AHC at the corporate level developed policies #9.0 and #11.0 to standardize the system-wide approach to alarm safety and prevent negative patient outcomes related to alarm fatigue and misuse of alarms
- AHC SGMC developed policies #101-01-020,#101-06-001b and #101-05-048 addressing alarm settings and practices for specific populations (NICU, L&D, ICU, ED, PACU).
- In these areas where critical patients are monitored providers must be aware of the default alarm settings for their specific patient population and the standard of care which allows certain staff members to adjust alarm settings and responses to alarms.

- All policies and standards of care regarding medical device alarms and alarm safety are evidence-based.
- All health care team members are expected to contribute to alarm safety and remain knowledgeable of current policies and practice guidelines for their specific patient population
- Monitor only those patients with clinical indications for monitoring
- Know devices, alarms, appropriate responses per facility policy



ANTIMICROBIAL STEWARDSHIP

AHC initiatives:

- 5-day hard stop with provider notice on day 3
- 48-hour Antibiotic Review Alert
- Restricted antibiotics
- Antimicrobial treatment guidelines in Intranet
- Pharmacist daily review with feedback to providers

What can providers do:

- Extend the duration only when clinically indicated and check for renewal message or icon
- Acknowledge alert, review cultures and modify/discontinue antibiotics as appropriate
- Review alert and obtain ID consult for restricted antibiotics within 48 hours
- Follow AHC Antimicrobial Therapy Guidelines (Intranet Physician Tab and desktop icon)
- Utilize AHC Infection-Specific PowerPlans (CAP,UTI, SSTI, C.diff, etc)

Antimicrobial Stewardship

What Did Adventist HealthCare Do?	What Should Providers Do?
Required antibiotic indication and duration	Specify antibiotic indication and duration according to evidence-based best practice
Developed AHC Antimicrobial Treatment Guidelines	Follow AHC Antimicrobial Therapy Guidelines (available on Cerner & Intranet Physician Tab)
Developed Infection-Specific PowerPlans	Utilize AHC Infection-Specific PowerPlans (CAP,UTI, SSTI, *C.diff*, etc)
Assigned 5-day antibiotic Hard Stop	Extend the duration only when necessary
Implemented 48-Hour Antibiotic Review Alert	Acknowledge alert, review cultures and modify/discontinue antibiotics as appropriate
Implemented Restricted Antibiotics Alert	Review alert and obtain ID consult for restricted antibiotics within 48 hours
Developed IV to PO Conversion Policy	Switch to PO antibiotic as soon as clinically appropriate
Provided Pharmacy review of antibiotic therapy	Collaborate with Pharmacists regarding antibiotic choices

Care Navigation

Care Navigation staff offer hospital-wide coordination of pre-admission, acute and post- discharge health care services. Services are provided to all inpatients, outpatients, and emergency department patients without regard to payor, including Medicare and Medicaid patients.

Roles of the Care Navigator

- Patient care facilitator
- Liaison between patients and insurance
- Counselor
- Utilization manager
- Discharge planner
- Patient Advocates
- Resource Manager
- Finance wizard

Care Navigation is a collaborative process throughout the continuum of care which assess, plans, monitors, coordinates and evaluates options and services to match an individual patient's health needs.

The goal of Care Navigation is to achieve quality patient care outcomes.

Care Navigation

Functions of the Care Navigator

Together, the RN and Social Work Care Navigators coordinate the progression of care for patients and arrange for the following:

- Nursing home placements
- Rehab placements
- Home Health, Infusion, Durable Medical Equipment
- Adult and Child Protective Services Referrals
- Hospice
- Guardianships
- Psych Placements
- Financial Issues
- Adoption and Surrogacy
- Substance Abuse Placement

Care Navigation Important Reminders

- Care navigation staff is available to assist and to help.
- You must document plan of care DAILY.
- Always look for the safest discharge plan.
- The patient's right to self-determination is paramount in developing continuity of care plans.
- Communicate discharge needs and expected discharge dates with Care Navigators as soon as possible after admission.
- 24 hours or more lead time is needed to arrange for IV infusion or antibiotics specify IV solution/antibiotic needed and duration of treatment.

Important points:

- Be specific when writing orders for durable medical equipment i.e. Oxygen at 2L/min via nasal cannula, the indication for the oxygen (i.e. respiratory failure) and the Oxygen saturation at room air (has to be 88 or lower).
- **THINK NOON!** - Plan to discharge patients before noon. This helps get your other patients in the hospital and helps us meet the needs of our community and our physicians.

AIDET – Five Fundamentals Of Effective Communication

A	Acknowledge	*Increase safety*
I	Introduce	*Increase trust*
D	Duration	*Decrease anxiety*
E	Explanation	*Increase compliance*
T	Thank you	*Increase loyalty*

What's The Value of AIDET?.....The Why

- Reduces patient anxiety
- Increases patient compliance
- Improves clinical outcomes
- Increases patient and physician satisfaction
- Reduces the risk of malpractice litigation
- Ensures that all providers deliver consistent measures of empathy, concern, and appreciation

How Does It Work

Helps patients & customers feel better about…

- The person who's taking care of them right now
- The physician or co-worker they will hand-off to
- The hospital or physician practice where they will receive care
- The treatment plan they will follow
- To know that everyone on the team is on the same page

AIDET

- AIDET is a communication tool used to standardize communication from employees to patients and visitors. Clinicians have many conversations with patients and their families. AIDET serves as an essential guide to provide excellent customer care.

- **AIDET stands for:**
- **Acknowledge**- knock on a patient's door before entering the room and acknowledge the patient.
- **Introduce**- introduce yourself to the patient and include your skill set and experience.
- **Duration**- if applicable communicate to the patient how long a test, procedure, appointment will take or what is the next step in their care.
- **Explanation**- explain to the patient what will be taking place and why you are doing this. Do this without using medical jargon.
- **Thank-You**- thank the patient for them choosing Shady Grove Medical Center or Washington Adventist Hospital.

- We communicate in this unique style to decrease the patient's anxiety and improve courteous behavior. We only have one chance to make a good impression.

Acknowledge

- Knock, “Hello, may I come in?”
- Make eye contact, smile, be positive
- Acknowledge the patient by their name and the others in the room
- Shake hand
- Sit down (find a chair)
- Stop whatever you are doing so your patient knows they are the most important person at that time

Introduce

- Name and job title
- Specialty and certification(s)
- Years of experience and any special training or skills
- Your role in the patient's care
- "Brag" about yourself and others that will be taking care of the patient
- Mention who else will take care of them

Duration

- How long the examination, test, operation or procedure will take
- When they should feel better
- How long the patient will be in the hospital
- When they can go back to work or resume physical activity
- Under promise and over deliver (Disney)

Explanation

- Use language a patient can understand
- Explain step by step what will happen and leave a way to contact you (business card, etc)
- Explain who else will be involved (safety measure)
- Explain what is the diagnosis, expected treatment, usual follow-up and prognosis
- Explain why we are doing this, what will happen and what the patient should expect
- Summarize the plan of care (repetition is good)
- Offer to answer any concerns and questions; or resolve any complaints (allow enough time; pause)

Thank You

- “Thank you for choosing me and Adventist Healthcare.”
- “It was a pleasure meeting you today”
- “I hope you feel better soon”
- “I’m glad I was able to help you today”
- “Is there anything else I can do for you today?”

AIDET Pearls of Wisdom

- Engage on a personal level
- Be aware of your communication cues, especially your non-verbal ones
  - Warm tone of voice and demeanor
  - Engaging body language – sit down
  - Consistent eye contact
  - Showing empathy and appropriate use of touch
  - Demonstrating relaxed bedside manner
  - Showing appropriate emotions such as enthusiasm, positive attitude and warmth

Ten and Five Rule

- In order to make everyone feel welcomed in our facility, we have the 10 and 5 rule.
- The 10 and 5 Rule suggests that anytime a guest is within ten feet of a staff member, the staff member should make eye contact and warmly smile to acknowledge the oncoming guests.
- This demonstrates that we are helpful and hospitable.
- We would like to every visitor to feel cared for during their healthcare experience.

Conflict of Interest

- All AHC practitioners must review and sign the AHC Conflict of Interest policy.
- Any ownerships in businesses that may conflict with your privileges and membership at one of our entities must be divulged.

Continuing Medical Education- SGMC/Rehab

- Weekly Grand Rounds are offered every Thursday @12:30 to 1:30 p.m. at SGMC
  - Topics are posted near the physicians lounge and the physicians portal
- SGMC provides free CME lectures which are AMA/ACCME and AAPA compliant access via https://extranet.adventisthealthcare.com/Medical-Library/
- User name: shady
  - Password: grove
- For questions, contact the CME Administrative Program Coordinator at 240-826-6411.

Continuing Medical Education – WOMC & SGMC/Rehab

- Adventist HealthCare (AHC) is accredited by MedChi, the Maryland State Medical Society to provide Continuing Medical Education (CME) for physicians. The mission of the CME Programs are "To develop, implement, and evaluate high quality medical education activities, which maintain and enhance the knowledge and competence of Medical Staff and other healthcare professionals."
- Adventist HealthCare (AHC) plans, implements, and evaluates a number of CME activities including two regular scheduled series – WOMC Grand Rounds (Fridays at 12 noon, except July/August) SGMC Grand Rounds (Thursdays at 12:30 p.m.), WOMC General Cancer Conferences (every Wednesday at 7:30 a.m.); and several courses, both hospital based and in collaboration with other departments within AHC's Support Center.
- An annual needs assessment is conducted for staff to support program improvement, and CME Reports are available to staff upon request.
- For more information, please contact the WOMC CME Coordinator at (240) 637-5056 and SGMC/Rehab CME Administrative Program Coordinator at (240) 826-6411.

Disaster Privileges

- During a disaster, when the Hospital Emergency Operations Plan (Code Yellow - Disaster Plan) has been activated and the hospital is unable to handle the immediate patient needs, the hospital (ARH/SGMC: Hospital President, the President of the Medical Staff or their designees(s); WAH: Hospital President/designee or Operations Chief upon recommendation by the Medical Staff President or the Emergency Operations Plan(EOP)-designated Medical Staff Director) at the time the Disaster is implemented has the option to grant disaster privileges to Physicians and Allied Health Professionals who volunteer their services but are not members of the Hospital's Medical or AHP Staff. For ARHM/SGMC, on a case-by-case basis at his/her discretion following review of the volunteer's application for disaster privileges, the Hospital's Chief Medical Officer will determine the type(s) of medical and technical staff needed to assist with the disaster.

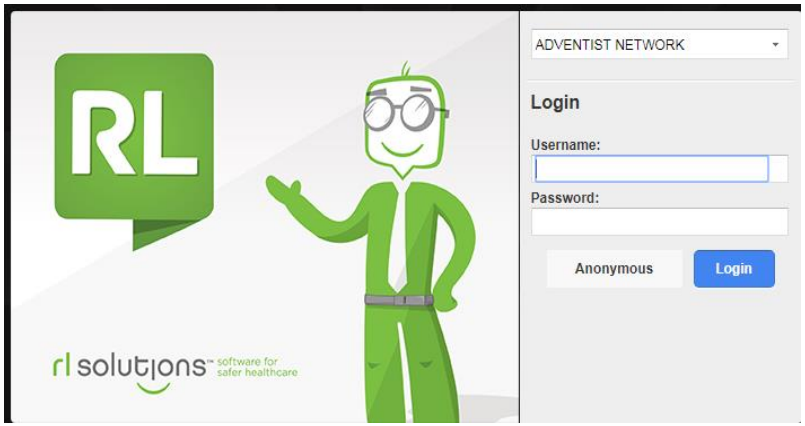
- SGMC: Practitioners currently with privileges on the Medical Staff must report to the Incident Command Center located in the Magnolia Conference Room on the 1st floor of the hospital for potential assignment.

- Rehab: Practitioners currently with privileges on the Medical Staff must report to the Administrative Conference Room located on the 1st floor of the hospital for potential assignment.

- WOMC: Practitioners currently with privileges on the Medical Staff must report to the Physicians Lounge and those offsite will be contacted by the Medical Staff President or the EOP-designated Medical Staff Director on an as needed basis.

RL Solutions: Electronic Event Reporting System

- **RL Solutions** is an online incident reporting program for our staff and physicians, and is used to report any adverse occurrence, near-miss, or patient safety risk.
  - Your username and password is the same as your Cerner login.



Examples of events which must be reported:

- Unanticipated death
- Neurological/Sensory deficits incurred while in the hospital
- Significant and/or severe BURNS
- Equipment or device failure, malfunction, or breakage resulting in harm to patient, visitor, physician, or employee
- Major medical error that results in cardiac, respiratory, or organ system failure
- Physical crime
- Any fracture occurring in the hospital
- Operative/Procedural incidents including:
  - Retained foreign body
  - Wrong patient or wrong body part
  - Wrong procedure is done
  - Unexpected event during surgery requiring additional surgery at time in or for repair

What is EMTALA?

EMTALA Stands For:

- The Emergency Medical Treatment & Active Labor Act

Why It Was Passed:

- To prevent “patient dumping” or the practice of denying emergency medical care to patients with inadequate or no insurance. EMTALA aims to provide emergency care by requiring emergency departments to offer emergency services to patients, *regardless of their ability to pay.*

Why Do We Worry About EMTALA?

Who is required to follow EMTALA regulations?

- Hospitals or stand-alone emergency facilities which accept payment from the Department of Health and Human Services (HHS)
- Any department or facility of the hospital that:
  - Is licensed as an emergency department
  - Holds itself out to the public as providing emergency medical care, or
  - During the preceding calendar year, has provided at least one-third of all its outpatient visits for the treatment of Emergency Medical Conditions (EMC)

Three Core Components of EMTALA

Healthcare facilities subject to EMTALA must:

- Conduct a Medical Screening Exam (MSE) to determine if an EMC exists,
- Stabilize patients with EMCs regardless of ability to pay, and/or
- Transfer patients to an appropriate receiving facility if the hospital is unable to stabilize, or upon written request.

Environment of Care (EOC) & Life Safety

- Licensed Independent Practitioners (LIPs) can describe and demonstrate how to report environment of care risks
- The Joint Commission (TJC) requires hospitals to be clean and properly maintained to support the safety and clinical business activities. This assists the hospital to reduce the risk associated with potential fires, waste, security, medical equipment and facilities management. It is everyone's responsibility to evaluate the environment, if you see an issue that is a safety concern, please report it to the responsible department. The following information contains lists and tools in case of an emergency or concern.

EOC & Life Safety

- Environmental rounds are used to assess electrical, equipment, materials and waste management. Issues of concern are:
- Uneven surfaces, wet floor or slip hazards
- No evidence of violations of Smoking Policies
- Furniture is safe and free of stains
- Hazardous waste is properly labeled and stored
- All electrical devices have been checked by engineering
- Beds/stretchers are free from tears in the mattress
- Equipment inspections are up to date
- Staff know equipment failure processes
- Linen carts are covered
- Kitchen and food equipment is properly maintained
- Housekeeping closets are kept locked
- Soiled and clean utility room doors are kept closed
- Hand hygiene compliance
- No cracked or stained ceiling tiles
- Refrigerator logs are up-to-date

EOC: Code Alerts

When you hear one of the Code Alerts, Please check to make sure that you don't have to do anything.

- **Blue "Adult"** - Cardiac Arrest Adult
- **Blue "Child"** - Cardiac Arrest Child
- **Blue "Infant"**- Cardiac Arrest Infant
- **Gold** – Bomb Threat
- **Gray** – Elopement
- **Green** – Combative Person
- **Orange** – Hazmat Spill or Release
- **Indigo** –Pre-diversion/diversion
- **Pink** – Infant or Child Abduction
- **Purple** – Security Only Response
- **Red** – Fire Emergency
- **Stork** – Birth Outside Labor and Delivery
- **White** – Tornado
- **Yellow** – Mass Casualty/ Disaster
- **4164** – Hospital Alert
- Rapid Response - RRT

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EOC: Fire Safety

- **Fire Response Procedures – RACE When there is a fire remember this:**
  - R – Rescue
  - A – Pull Alarm/Call **4444**
  - C – Confine
  - E – Extinquish

- **PASS That Fire Extinquisher – When Using A Fire Extinquisher Remember This:**
  - P – Pull the Pin
  - A – Aim the Nozzle
  - S – Squeeze the Handle
  - S – Sweep the Spray

- **When a fire drill takes place at the hospital, we need your participation.**

Ethic Consults

- Ethics is the study of our decision-making process. Ethical dilemmas may occur when there are different or competing values involving patient care. Examples of ethical dilemmas may include issues related to treatment options, end-of-life care and medical research. If staff members, clergy, patients or families feel that a situation needs an ethical consult a request for an Ethical Consult can be made through the Administrative Supervisor, Nursing Supervisor, Ethic Committee or the Medical Staff Services.
- For SGMC, request can be made through ethics hotline @ 240-826-6234.
- For Rehab, requests can be made through Laura Pickoff @ 240-864-6064.
- For WOMC, requests for ethics consults can be made through the Ethics Hotline 240-637-6686.

Health Information Management (HIM)

- Physicians may call SGMC/ Rehab 240-826-6678 or WOMC 301-891-5047 for any questions concerning transcribed reports or record completion.
- To dictate reports - Transcription Line SGMC/ Rehab 240-826-6294 or 855- 645-0496 and at WOMC 301-891-4611 or 855-628-0833.
- Physicians are encouraged to stay current and compliant on medical record completion. When possible, documentation should be completed at the time of service.
- Privileges will be suspended if electronic signatures and/or dictated reports are not completed within policy timelines. You will not be able to schedule new surgical cases, or admit patients to the hospital if on suspension. For SGMC, a fine $100 will be assessed for each record a provider is suspended for.
- All pending dictation and electronic signature reminders will appear in your Cerner Physician Inbox until completion.

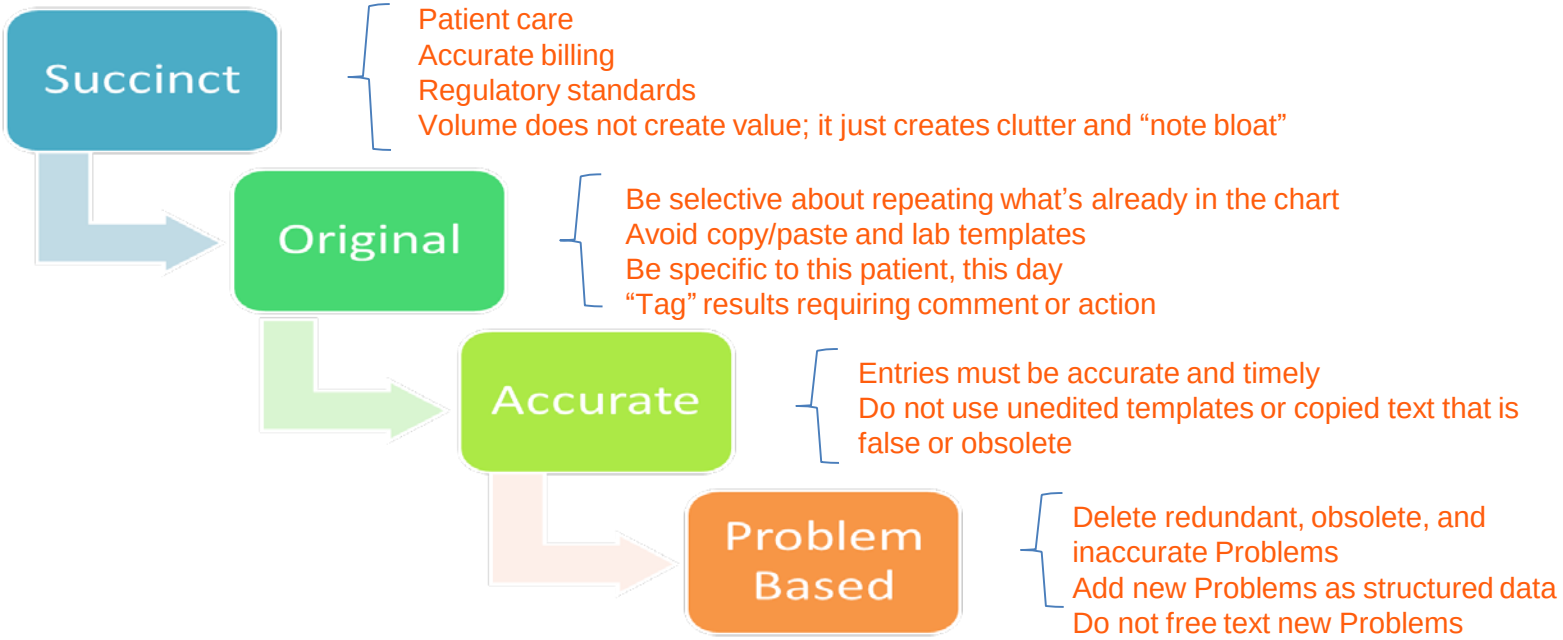
HIM: Documentation

- History and Physicals must be available. H&Ps must be completed no more than 30 days before or 24 hours after admission, but prior to surgery. All H&Ps completed outside of the hospital, will be reviewed, updated and signed by attending physician or surgeon.
- Physicians must dictate a full operative report within 24 hours of procedure. A Brief OP Note must be completed, either typed or dictated directly into the EMR (not transcription) **immediately** after surgery and before transfer of patient to next level of care.
- Discharge Summaries are dictated on every patient with a LOS > 48 hours.
- All OB patients will have a completed discharge summary – via electronic Dynamic Documentation Discharge Summary.
- **All entries in medical record must be dated, timed and signed.**

HIM: Pitfalls of "Copy/Paste

- **Watch Out for an OIG Audit – Pitfalls of "Copy/Paste"**
- OIG 2014 Report: Physicians are paying hefty fines for improper documentation
  - "When doctors, nurses, or other clinicians copy-paste information but fail to update it or ensure accuracy, inaccurate information may enter the patient's medical record and inappropriate charges may be billed to patients….inappropriate copy-pasting could facilitate attempts to inflate claims and duplicate or create fraudulent claims."
  - "Over documentation is the practice of inserting false or irrelevant documentation to create the appearance of support for billing higher level services. Some EHR technologies auto-populate fields when using templates….other systems generate extensive documentation on the basis of a single click of a check box…..which if not appropriately edited by the provider, may be inaccurate."
  - *Source: http://oig.hhs.gov/oei/reports/oei-01-11-00571.pdf*

HIM: New SOAP Note – a New Paradigm for Documentation



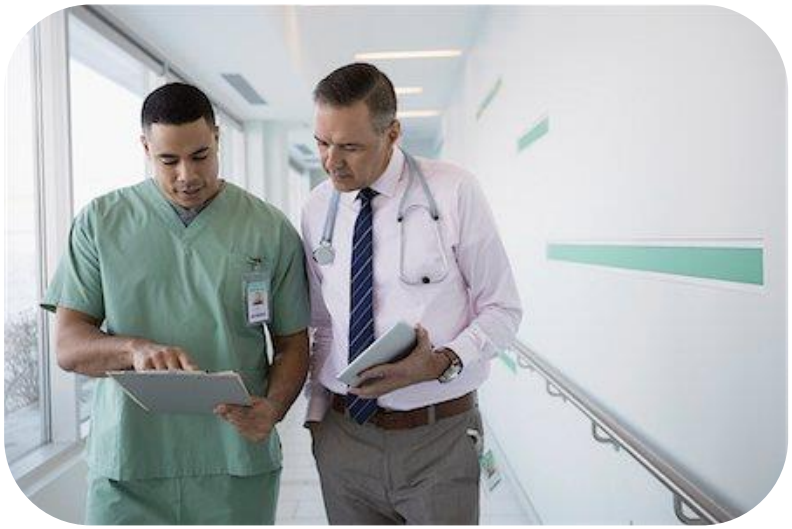
HIM: Protected Health Information

- Patients' medical records are considered confidential and AHC is committed to securing patient information.
- Disclosure of information within the hospital should only be transferred to healthcare providers who are involved in the patient's care.
- Patient information should not be discussed where visitors can overhear.
- Do not meet with patients in the waiting room to discuss the case. Please utilize family consultation rooms.
- Information should not be release to outside facilities unless the patient has consented or there is authorization for release. Remember to send encrypted emails that contain Protected Health Information (PHI).
- Do not leave computer workstations unattended when confidential information is displayed.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA is a Federal law to:

Provide privacy and security provisions for safeguarding medical information



HIPAA protects all "*individually identifiable health information*" held or transmitted by a covered entity or its business associate, in any form or media. HIPAA calls this information **"Protected Health Information (PHI)."**

HIPAA

GENERAL RULES TO CONSIDER WHEN HANDLING PHI

ALWAYS	NEVER
Limit PHI used or disclosed to the minimum necessary to perform your job duties	Share your user credentials to access AHC systems with anyone, EVER, not even office staff!
Secure paper and ePHI against inappropriate access	Access your own medical records or those of any family, friends, neighbors or acquaintances
Shred unused/unnecessary paper PHI	Discuss PHI in public settings
Lock computers or terminals when unattended	Transport PHI out of AHC without authorization
Encrypt emails containing PHI or Personally Identifiable Information (PII) and use secure text messaging when sharing PHI with colleagues	Discard documents containing PHI or PII in trash bins (PHI should only be discarded in locked shred boxes)
Follow AHC policies and procedures regarding access to PHI or PII	Share PHI or PII on social media
Use HIPAA compliant teleconferencing applications when hosting telemedicine or telehealth visits with patients	Discuss PHI with patients or responsible parties unless you have validated the patient name, date of birth and account information

HIPAA

Mandatory Breach Notification

If we determine a breach of PHI has occurred, AHC is required to notify:

The affected individual(s)

The Office of Civil Rights

***In cases involving 500+ affected individuals, media outlets covering the jurisdiction or state of the affected individuals.**

AHC Policy requires all notifications are completed within 60 days from the date of discovery.

7

HIPAA

4 Ways to Report Compliance or Ethical Concerns

- Talk to your Supervisor or your local Human Resources Business Partner
- Email the Organizational Integrity team at OIP@AdventistHealthCare.com
- Call the toll-free, 24-hour Integrity Hotline at 1-800-814-1434
- Report on RL Solutions (access through the "Helpful Links" on the homepage of our Intranet)

Need Additional Support?

Scott Sauvageot – Senior Manager, Internal Audit & Advisory Services
Dwayne Leslie – Vice President, Chief Compliance Officer
Susan Glover – Senior Vice President, Chief Quality & Integrity Officer

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Hospital Incident Command System (HICS)

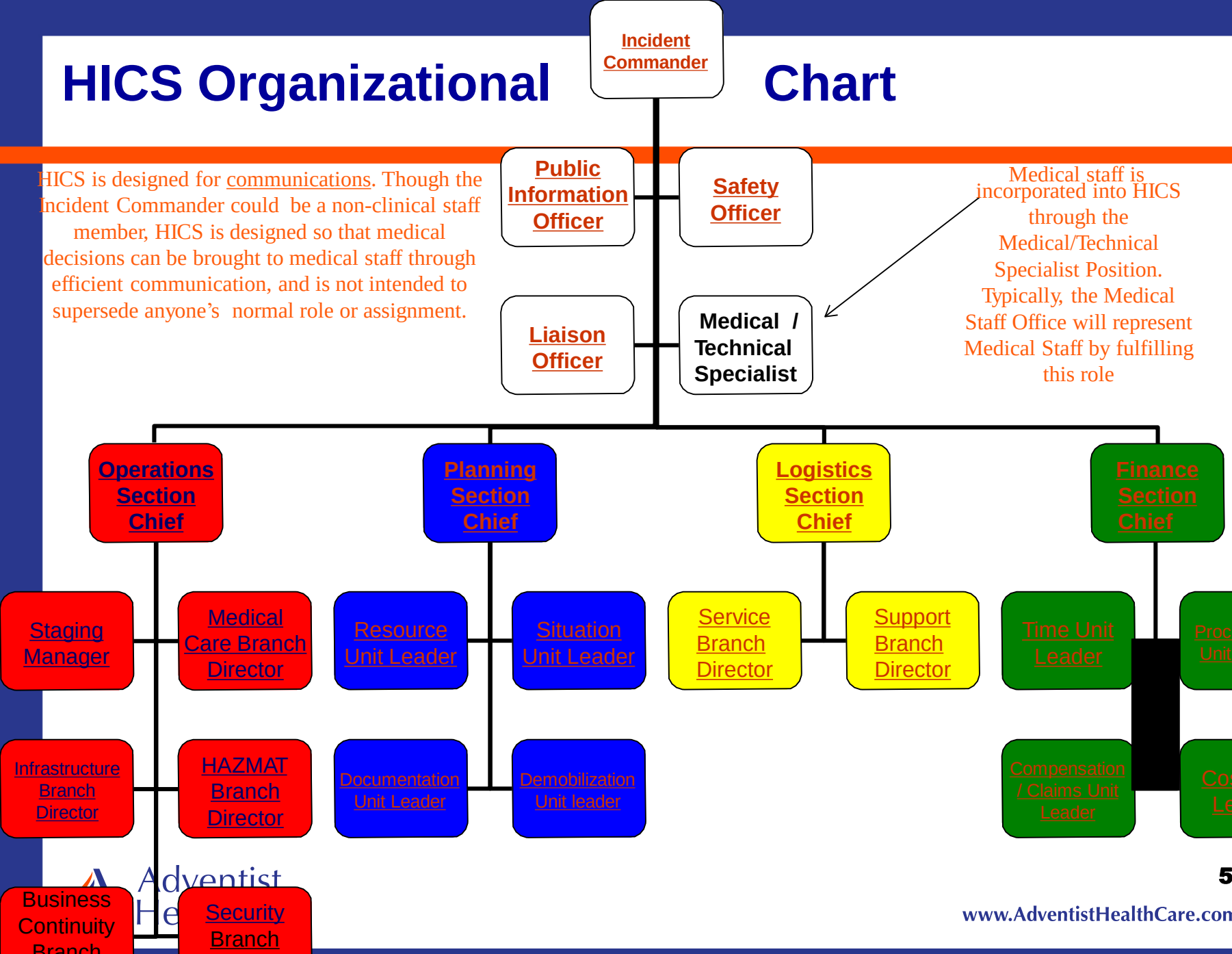
- HICS was originally developed in the 1970s during massive wildfire-fighting efforts in California. The Hospital Incident Command System (HICS) is an adaptation of ICS that was developed in the 1990's for the specific needs of Healthcare Facilities.
- HICS allows for:
  - Greater **EFFICIENCY** through design
  - Better **COORDINATION** with agencies outside the hospital
  - More Effective **COMMUNICATION** with the use of common terminology
- Use of HICS allows Hospitals to respond to any emergency or disaster with an **all-hazard approach**

When an emergency or disaster occurs, the hospital will initiate a "CODE YELLOW" through the Administrator- On-Call. The Boardroom or an alternate will be set up for HOSPITAL INCIDENT COMMAND where staff fulfill specific roles and receive Job Action Sheets, detailing their role and whom they report to / have reporting to them.

HICS Organizational Chart

HICS is designed for communications. Though the Incident Commander could be a non-clinical staff member, HICS is designed so that medical decisions can be brought to medical staff through efficient communication, and is not intended to supersede anyone's normal role or assignment.

Medical staff is incorporated into HICS through the Medical/Technical Specialist Position. Typically, the Medical Staff Office will represent Medical Staff by fulfilling this role



Infection Prevention

Infection Prevention is committed to:

- Preventing healthcare-associated infections (HAIs)
- Improving patient safety with evidenced based practices
- Prevention of disease spread in the community

Infection Prevention: Hand Hygiene

Hand Hygiene is the single most important thing you can do to prevent transmission of microorganisms.

- **CLEAN YOUR HANDS:**
  - Before entering and when exiting all patient and procedure rooms
  - Before donning sterile gloves
  - After removal of any gloves
  - After contact with environmental surfaces or equipment on or near the patient
  - After using the restroom
  - After sneezing, blowing your nose, touching your face or hair

Lavender is our code word to remind each other to perform hand hygiene. Please use the code word if you see someone forgetting hand hygiene. The only acceptable response is “Thank you.”

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Infection Prevention: Hand Hygiene

HOW SHOULD YOU WASH YOUR HANDS:

- Use Soap and Water
  - When hands are visibly dirty or contaminated
  - **When *Clostridium difficile* is the suspected pathogen**
    NOTE: C. diff is the most common cause of HAIs in U.S. hospitals.
- Use alcohol-based products for routine hand cleansing

HAND CARE

- Use hospital approved and provided lotion
- Keep fingernail length less than 1/4 inch long
- DO NOT wear artificial nails

Standard Precautions

- Follow Standard Precautions for ALL patients, regardless of suspected or confirmed infection
- All body fluids may contain transmissible infectious agents
- Standard precautions includes hand hygiene, use of personal protection equipment (PPE) (such as, gloves, gown, mask, eye protection, etc) and safe injection practices
- Select the PPE based on the expected exposure risk
- All PPE **must** be removed and discarded prior to leaving the patient care area—this includes masks and shoe covers prior to leaving surgical service and other procedure areas.

Safe Injection Practices

Follow standard precautions when dealing with sharps:

- Never recap, bend or break needles
- Never reuse needles or syringes
- Dispose of single-use vials after each patient
- Put disposable sharps in clearly labeled, puncture resistant and leak-proof containers
- Report full sharps containers
- Never reach into sharps containers

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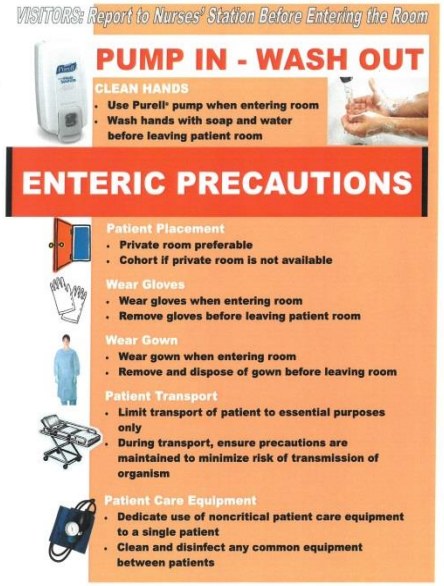
Bloodborne Pathogens

Blood & Body Fluid Exposure:

- In case of blood or body fluid exposure while at **SGMC/Rehab**, physicians should report to the Emergency Department for follow up exposure care. The Administrative Supervisor should be contacted (SGMC-240- 826-7522/ Rehab – 240-864-6091) to assist in reporting the event in RL Solutions and advise on a safe and confidential follow up through Occupational Health.
- In case of blood or body fluid exposure while at **WAH**, physicians should have the Hospital Operator (301-891-7600) page the Administrative Supervisor (AS) on pager #200. The AS can obtain a blood & body fluid packet and assist in all necessary steps following an exposure. They also provide the information needed for a safe and confidential follow up through Occupational Health.

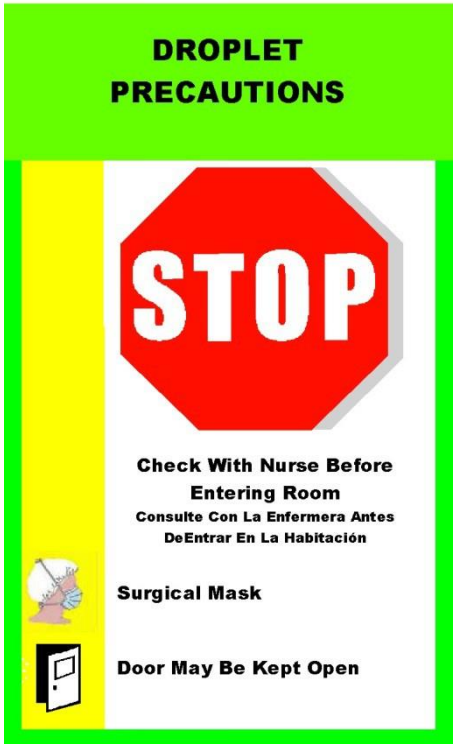
Isolation Signs - SGMC

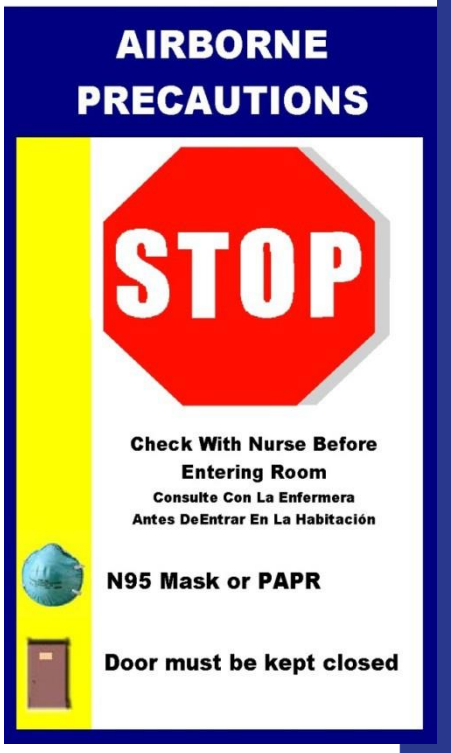
Follow the instructions on the signage:



Isolation Signs - WOMC

Follow the instructions on the signage:





Contact Precautions

Gown and gloves are required UPON ENTRY to the room of any patient colonized, infected or a history with multi-drug resistant organisms (MDRO) such as:

- MRSA
- VRE
- ESBL (Extended spectrum beta-lactamase)
- CRE (Carbapenem-resistant Enterobacteriaceae)
- Resistant Pseudomonas
- Resistant Acinetobacter species

Enteric Precautions also require gown and gloves, but you **MUST** clean hands with soap and water upon EXIT and use bleach wipes to clean shared patient equipment. This isolation is used for potential/confirmed infectious diarrhea cases, such as:

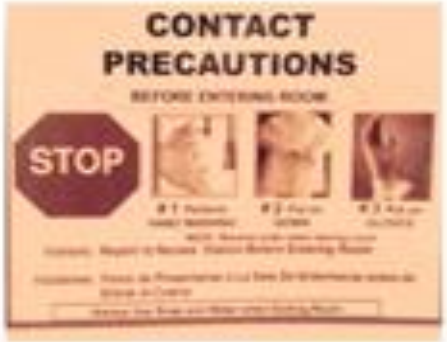
- C. difficile patients, active, on treatment for, or completed treatment < 14 days ago.

NOTE: Contact Precautions are required for all patients with prior history of colonization or infection with a MDRO

Contact Precautions - Rehab

CONTACT PRECAUTIONS

CONTACT PRECAUTIONS	EXAMPLES
PINK	C. difficile
BLUE	MRSA
GREEN	VRE
WHITE	ESBL
PURPLE	OTHER
PPE:	GOWNS & GLOVES



Droplet Precautions

- Wear a surgical mask when entering a room of a patient on Droplet Precautions and remove mask upon exit.
- Initiate for patients with known or suspected of being infected with a microorganism transmitted by large particle droplets (larger than 5 microns in size) that can be generated by coughing, sneezing, talking or during certain procedures.
- Examples of illnesses requiring Droplet Precautions are invasive Haemophilus influenza type B disease, invasive Neisseria meningitides disease, pertussis, streptococcal pharyngitis, adenovirus, influenza (all types), mumps and rubella.

Droplet Precautions - Rehab

DROPLET PRECAUTIONS

DROPLET PRECAUTIONS	Examples
Dark Green	Seasonal Flu, Pertussis
PPE	Surgical or Procedure mask

Adventist HealthCare
Physical Health & Rehabilitation

www.AdventistRehab.com

Airborne Precautions

- Wear an N95 respirator or powered air purifying respirator (PAPR) when entering a room of a patient on Airborne Precautions and when performing high exposure aerosol-generating procedures, such as bronchoscopy, sputum induction, endotracheal incubation, extubation and autopsies
- You must be fit-tested to assure the correct mask is worn for your protection
- Keep the door closed while in the room and remove the mask or PAPR hood once outside patient's room
- Airborne precautions are initiated for diseases such as confirmed or suspected tuberculosis, rubeola and varicella

Airborne Precautions - Rehab

AIRBORNE PRECAUTIONS

AIRBORNE PRECAUTIONS	Examples
Dark Blue	TB, Measles
PPE	**N95 or PAPR**

Patients Suspected with TB Disease

Montgomery County has one of the highest rates of new TB cases in Maryland and the state is above the national average.

Characteristics of infectiousness:

- Cough > 3 weeks
- Hemoptysis
- Fever
- Night sweats
- Weight loss
- Cavitation on chest radiograph
- Positive AFB sputum smear results
- Respiratory tract disease involving lung, airway, or larynx

Many of our patients are foreign born from countries where TB is endemic.

Patients Suspected with TB Disease

Are respiratory signs & symptoms present? (e.g., cough, sputum production, hemoptysis, fevers, night sweats, weight loss

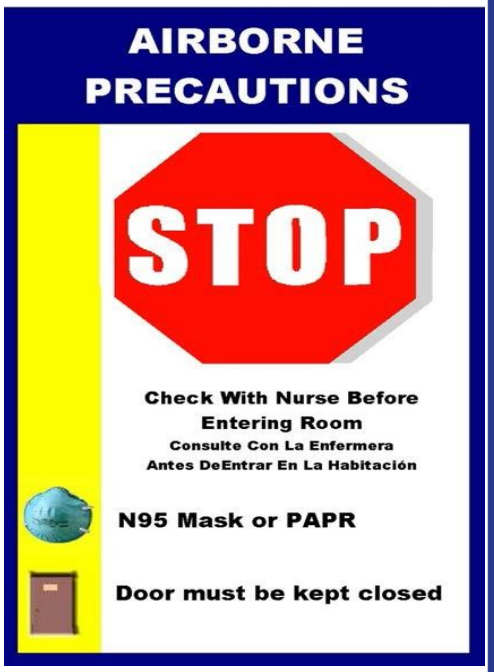
If the patient has an abnormal chest x-ray does the patient have:

- Known positive + TST or QFT
- Close contacts with pulmonary TB cases
- HIV +
- Medical conditions that increase risk of acquiring TB (elderly, debilitated, malnourished, or receiving immunosuppressive therapies)
- Foreign born from countries where TB is endemic
- Substance abuse (esp. injection drugs)
- Residents of long-term-care facilities (including psychiatric & correctional)
- Previously non-compliant with TB therapy, including treatment for latent TB

Suspected TB Disease

If the patient has any of the previous conditions and a positive chest X-ray, immediately place the patient on Airborne Precautions in a negative pressure room.

Remember: Isolate First / Rule-Out Second!



Adventist HealthCare

Central Line-Associated Bloodstream Infection (CLABSI) Prevention

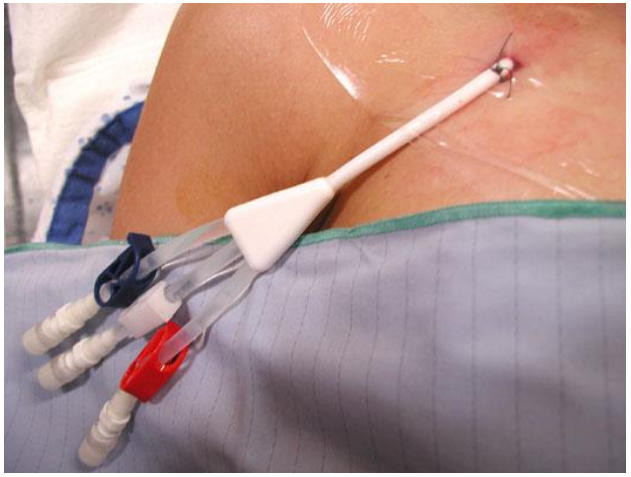
Always follow proper insertion practices:

- Perform hand hygiene before insertion
- Adhere to aseptic technique
- Use maximal sterile barrier precautions (i.e., mask, cap, gown, sterile gloves, and sterile full-body drape)
- Perform skin antisepsis with >0.5% chlorhexidine with alcohol
- Choose the best site to minimize infections and mechanical complications
- Avoid femoral site in adult patients
- Cover the site with sterile gauze or sterile, transparent, semipermeable dressings

NOTE: **All adult patients are to have a chlorhexidine bath prior to the insertion of a central line**

CLABSI Prevention

- Perform daily review to assess whether central line is still needed
- Promptly remove unnecessary central lines



...and always clean your hands!

Adventist HealthCare

Indwelling Urinary Catheters

To prevent catheter associated urinary tract infections (CAUTI):

- Only insert catheters which meet indication
- Perform daily review to assess whether catheter is still needed
- Promptly remove unnecessary catheters
- Use alternative methods whenever possible, such as external catheters and urinary retention protocol

Surgical Site Infections (SSIs)

SSI prevention methods can include:

- Preoperative recommendations:
  - Improved nutritional status
  - Quit smoking
  - Control blood glucose
  - Chlorhexidine bathing for certain surgeries
  - Clip hair in pre-op, not OR, when needed
- Perioperative recommendations:
  - Antimicrobial prophylaxis prior to cut
  - Perform skin preparation with alcohol-based antiseptic agent
  - Maintain normothermia
  - Maintain glucose levels <200 mg/dL
  - Patients with normal pulmonary function undergoing general anesthesia with endotracheal intubation, administer increased FiO2 during surgery and after extubation in the immediate postoperative period

Influenza Vaccines

- Required annually during flu season, typically October through March.
- Vaccines are provided by Life Work Strategies at each entity.
- Providers are responsible for providing proof of the flu vaccine to the Medical Staff Offices. Occupational Health and Life Work Strategies do not maintain copies of flu vaccine records.
- Proof of vaccine from other entities or physician offices are accepted.
- Failure to obtain/provide proof of vaccine may lead to suspension of privileges.

Language Access (Interpreter & Translation) Services

- Adventist HealthCare is required by federal and accreditation regulations (i.e., Civil Rights Act, Americans with Disabilities Act, Affordable Care Act and The Joint Commission) to provide limited English proficient (LEP) and Deaf/hard of hearing patients with qualified interpreters at no cost to them throughout their hospital stay.
- Qualified interpreters have been tested for language proficiency and received training on interpreting protocols.

AHC Policy 1.14: Communication and Interpreter Services

AHC has a corporate language access policy outlining the following responsibilities:

- Staff is responsible for identifying patient's communication needs and language preferences
- Staff is responsible for securing interpreter services
- Staff cannot use minors and family members as interpreters
- Staff is responsible for documenting interpreter utilization in Cerner*
- AHC posts signs regarding language access services
- AHC uses contracted vendors and Qualified Bilingual Staff (QBS) to interpret for patient and providers
- AHC provides language access services at no cost to the patient

**See Documentation in Cerner Tip Sheet located on the AHC Internet under Medical and AHP Staff Resources*

Available Language Access Services

- Foreign Language Interpreter Services
  - Qualified Bilingual Staff (QBS)
  - Staff Interpreters at SGMC, WOMC and Rehab
  - Over the Phone (Blue Cyracom Phones)
  - Certified Contracted Interpreters*
- Interpreter Services for Deaf and Hard of Hearing
  - Video Remote Interpreting (VRI) Laptops/iPads
  - In-person American Sign Language Interpreter
  - Maryland Relay
- Document Translations*

**See Interpreter and Translation Vendors Tip Sheets located on the AHC Internet under Medical and AHP Staff Resources*

Bilingual Providers

- Bilingual/multilingual providers (including physicians, physician assistants, and nurse practitioners) must meet the following requirements to reduce risk:
  - To directly communicate with patients in a language other than English, please identify the language(s) you speak other than English in MSOW credentialing software upon onboarding.
  - In addition, to interpret for other staff or providers, complete the Clinician Cultural and Linguistic Assessment (CCLA) for available languages *or* provide documentation of training in a foreign language medical school or similar program.

**See CCLA handout for more information located on the AHC Internet under Medical and AHP Staff Resources*

Information Technology Services

- To obtain your logon to Cerner, please contact the medical staff office at SGMC/Rehab 240-826-6115 and WOMC 240-637-5056.
- For any questions regarding Cerner, please contact the physician hotline at SGMC/Rehab 240-826-6622 and WOMC 240-637-6098.
- I.T. questions: please contact the I.T. service desk at SGMC/Rehab 240-826-6440 or WOMC 240-637-6440.

Required Trainings

- Adventist HealthCare Requires all New Providers who obtain privileges to attend the AHC Practitioner Orientation within three months of obtaining privileges.
- SGMC requires all New Providers in the specialties of Emergency Medicine, Intensivists, Medical Hospitalist, to participate in Crisis Prevention Intervention (CPI) Training. Renewal of CPI Training is required bi-annually.

Required IT Trainings

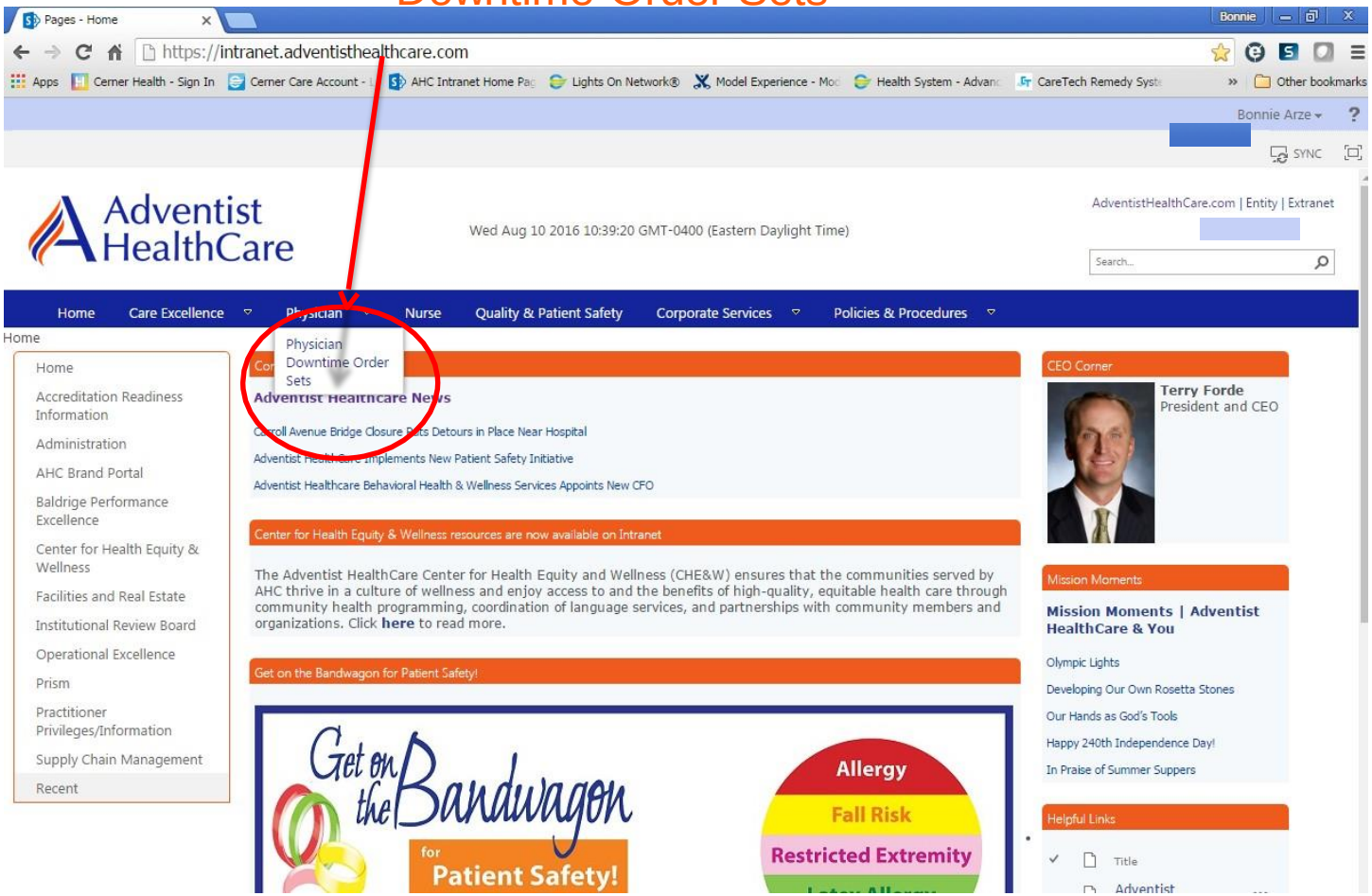
- All practitioners must complete on-line training modules through Learning Suite prior to being granted privileges.
  - These modules include:
    - HIPAA
    - Cerner (specific to your specialty area)
- Additionally, all practitioners with clinical privileges must complete a classroom CPOE course for our electronic medical record system (Cerner).
- Practitioners who have privileges to deliver babies must complete the Power Chart Maternity/Fetal Link computer training (PCM/FL).

Computer System Downtimes

- Periodically routine maintenance is required and on an as needed basis, computer systems at our facilities will need to be taken to allow for repairs and upgrades.
- Ample notice, whenever possible will be provided to practitioners via e-mail regarding downtime and well as when the systems are back up and running.
- Downtime procedures must be followed as indicated in the e-mail notices.

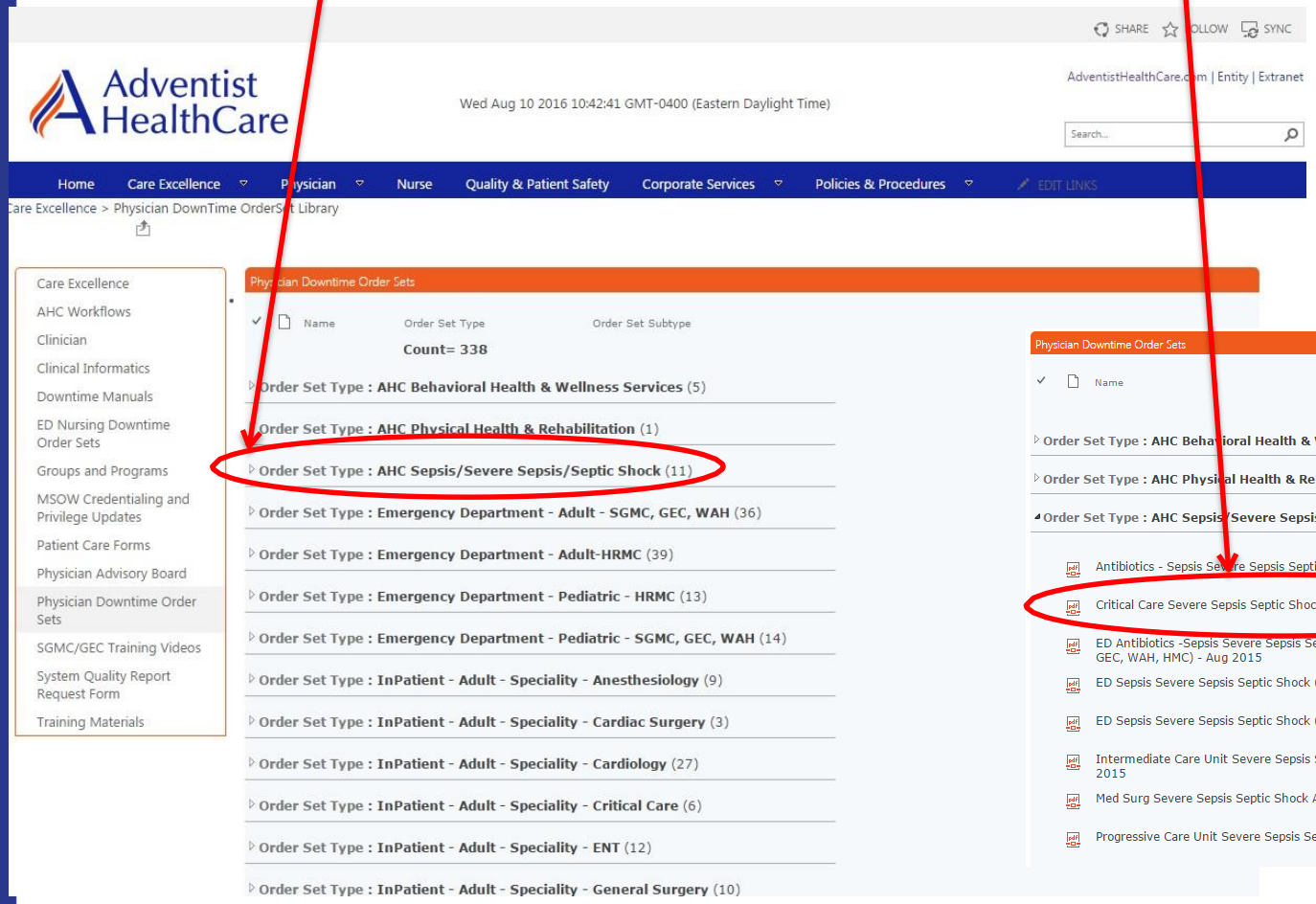
Accessing Downtime Order Sets & Power Plans: Go to the Intranet

Hover over Physician and click on Physician Downtime Order Sets



Accessing Downtime Order Sets & Power Plans

You will then have a full page of many different specialties. Expand the selection and click on the appropriate Order Set to open.



Maryland MOLST

- MOLST is a standardized medical order form covering options for cardiopulmonary resuscitation and other life-sustaining treatments.
- MOLST is the order form the hospital uses to withhold resuscitative efforts.
- The MOLST form may be signed by MD, NP, or PA.
- The MOLST form must be completed during patient's inpatient stay if being discharged to assisted living program, home health agency, hospice, kidney dialysis center, nursing home, or another hospital.
  - Excluded are patient with: primary diagnosis related to pregnancy, age less that 18 and unlikely to require life-sustaining treatment, and primary diagnosis is psychiatric disorder.

Advanced Directives

- A patient is presumed to have capacity until two physicians certify that the individual lacks the capacity to make health care decisions or a court has appointed a guardian of the person to make health care decisions.
- If the individual lacks capacity, the attending and a second physician must certify in writing that a patient lacks the capacity to make health care decisions.
  - One of the physicians must have examined the patient within two hours before making the certification.
- Only one physician's certification is needed if the patient is unconscious or unable to communicate by any means.

- If the patient lacks the capacity to make decisions, the following is the order of surrogate decision maker(s):
  - Health care agent listed in advanced directive
  - Guardian of the person
  - Spouse or domestic partner
  - Adult child
  - Parent
  - Adult brother or sister
  - Friend or other relative
- A health care agent cannot authorize the provision, withholding, or withdrawal of treatment if the patient, while competent, expressed disagreement with such an action
- A physician or health care provider that intends not to comply with the decision of a health care agent shall inform this agent that the provider declines to carry out the instruction, and that the agent may request transfer to another hospital or provider, and that the provider will make every reasonable effort to transfer the patient. Thereafter, the provider must assist with any transfer, and pending the transfer, comply with the patient's or health care agent's instructions if failure to comply is likely to result in the patient's death.

Medical Staff Services

Access to Medical Staff Resources:
http://www.adventisthealthcare.com/professionals/

- Includes medical staff bylaws, credentials manual, rules and regulations, department/section rules and regulations, clinical practice expectations, and other credentialing documents.

Medical Staff Services – SGMC/AHC Rehab

- Department hours: Monday to Thursday 8 am to 5:00 pm and Friday 7:30 am to 3:00 pm
- Main line: 240-826-6115
- **Please contact the following person(s) for credentialing questions.**
  - Alain Choo - Medicine (Intensivists, General Internal Medicine, Hospitalist, Gastroenterology, Nephrology and Palliative Medicine)
    - 240-826-6287 or achoo@ahm.com
  - Agnes Taiwo – Pediatrics, Emergency Medicine & Psychiatry
    - 240-826-5739 or ftaiwo@ahm.com
  - Nazha El-Idrissi – Anesthesia & Surgery (except Pediatric Dentistry)
    - 240-826-6404 or nelidris@ahm.com
  - Stephanie Canico-Irving - OB/GYN, Radiology, Telemedicine, GME
    - 240-826-6566 or sirving@ahm.com
  - Dawn James – Allied Health Professionals & Pathology & Medicine (Other medicine specialties except Cardiology)
    - 240-826-6483 or djames4@ahm.com
  - Grace Modozie – Adventist Rehabilitation
    - 240-826-6244 or gmodozie@ahm.com
  - Susan DeGrouchy– Cardiology, Family Medicine, Pediatric Dentistry & Community & Honorary Staff as well Urgent Care
    - 240-826-6277 or sdegrouc@ahm.com
  - Nauran Heshmat– Expirables & Cerner Only Access for Physician Office Staff
    - 240-826-6126 or nheshmat@ahm.com

Adventist HealthCare

- Shelia Myers- Director Medical Staff Services
  - 240-826-6116 or smyers@ahm.com

Medical Executive Committee-SGMC

- Bonnie Arze, MD, AHC CMIO
- Jason Brodsky, MD
- Nicolas Cacciabeve, MD
- Michael Chen, MD
- Daniel Cochran, President SGMC
- Melvin Coursey, MD
- Joshua Felsher, MD
- Neha Gajjar-Siva, MD
- Brett Gamma, MD
- Vinu Ganti, MD
- Susan Glover, AHC EVP
- Judith Gurdian, MD (MEC CHAIR)
- Isabelle Hertig, MD
- Amit Kalaria, MD
- Vijay Kommineni, MD
- Stephen Lakner, MD
- Marissa Leslie, MD
- Michael Lukens, CFO
- Nancy Markus, MD
- James McQuiston, MD
- Patsy McNeil, MD, CMO
- Carolyn O'Conor, MD
- Jane Piness, MD
- Sameer Samtani, MD
- Glenn Sandler, MD
- Stuart Taylor, MD
- Joan Vincent, CNO
- Marcel Wright, VP

Medical Staff Officers - SGMC

- Judith Gurdian, MD– President
- Brett Gamma, MD– Vice President
- Jason Brodsky, MD– Secretary/Treasurer
- Nancy Markus, MD– Past President

- Please contact the Medical Staff Services Executive Assistant at 240-826-6009 for assistance with reaching one of the officers or department chairs.

Department Chairs - SGMC

- Anesthesia – Melvin Coursey, MD – 240-826-7324
- Emergency Medicine – James McQuiston, MD – 240-826-7550
- Family Medicine – Vijay Kommineni, MD – 240-826-7435
- Medicine – Isabelle Hertig, MD – 240-826-6396
- Ob/Gyn – Stephen Lakner, MD – 301-279-9400
- Pathology – Nicolas Cacciabeve, MD – 240-826-6093
- Pediatrics – Stuart Taylor, MD – 301-869-2292
- Psychiatry – Marissa Leslie, MD – 301-251-4128
- Radiology – Sameer Samtani, MD – 301-948-5700
- Surgery - Joshua Felsher, MD – 240-403-0621

Administration - SGMC

- Dan Cochran, President – 240-826-6527
  - Executive Assistant, Linh Hoang – 240-826-6517
- Joan Vincent, VP of Patient Care Services/CNE – 240-826-6312
- Mary Greenberg, VP of Service Lines & Business Development – 301-315-3456
  - Executive Assistant, Mary Savage – 240-826-6516
- Michael Lukens, VP of Finance – 240-826-6595
- Dave Smith, VP of Operations – 240-826-6321
  - Executive Assistant, Kim Sain – 240-826-6548
- Patsy McNeil, MD – VP/Chief Medical Officer – 240-826-6025
  - Executive Assistant, Donishea Patterson– 240-826-6019
- Tina Sheesley – Director of Marketing and Public Relations – 240-826-6047
- Will Raglin – Senior Human Resources Business Partner – 240-826-6336

Medical Executive Committee – AHC Rehab

- **Officers -**
  - President – Attan Kasid, MD
  - President-Elect –Kirsten Ricci, MD (240-864-6409)
  - Credentialing Chair – Nisha Patel, MD (240-864-6117)
  - Secretary-Treasurer – Nicole Fromm, PsyD (240-864-6148)
  - P&T Chair – Woojoong Lee, MD (240-864-6162)
  - Medical Records Chair – Terrence Sheehan, MD (240-864-6030)
  - Quality & Safety Chair – Shama Mittal, MD

- **Members-at-Large:**
  - Heather Tropiano, PsyD (240-864-6007)
  - Priya Vasdev, MD (301-661-2894)

Administration – AHC Rehab

- President – Brent Reitz– 240-864-6045
- Sr. Human Resources Business Partner – Jevon Honor – 240-864-6035
- AVP of Finance – Susan Savery -240-864-6079
  - Senior Executive Assistant - Sarah Shick – 240-864-6045

- Associate Vice President/CNO – Valerie Summerlin – 240-864-6212
- Administrator, Rehabilitation – Elizabeth Kotroba – 240-864-6036
- Administrator, Rehabilitation – Robert Grange -240-864-6094
  - Executive Assistant - Gabriella Sprecher – 240-864-6006

- Chief Medical Officer – Terrence Sheehan, MD – 240-864-6061
  - Executive Assistant – Grace Modozie– 240-864-6061

Important Reminders! - SGMC/ AHC Rehab

- It is your responsibility to notify medical staff office of any changes in your home and office address, phone, fax, answering service and email address.
- Reappointment applications will be sent approximately 120 days prior to end of your term.
- E-mail is our primary source of communication.
- Reappointment applications must be completed and submitted within 45 days to avoid $300 late fee and possible suspension of privileges.
- Providing updated State licensures, CDS, DEA, malpractice insurances and life safety certificates is the responsibility of the practitioners. To avoid suspension of privileges, this information must be submitted to us prior to the expiration date.

Medical Staff Patient Contacts- SGMC/ AHC Rehab

- Physicians who have fewer than 25 patients contacts per year or who are not actively participating on two committees or who are not chairperson of a committee shall be **Courtesy Staff**.

- Physicians who are Courtesy staff who admit 25 or more patients in the hospital per year may seek higher privileges

Patients contacts include:

- Inpatient Admissions
- Inpatient Surgeries
- Inpatient Consults
- Outpatient Attending
- Outpatient Surgeries
- Outpatient/Inpatient Diagnostic Procedures
- Referrals to Emergency Room, Lab, Radiology, Pathology, Rehabilitative Medicine, etc.
- Outpatients Consults
- Days on ER call
- Referrals to Hospitalists

Medical Staff Services - WOMC

- Department Hours: Monday to Thursday 8:30 am to 5:00 pm and Friday 8:30 am to 3:30 pm
- Main Line – 240-637-5056
- **Please contact the following person for credentialing questions.**
  - Jacqueline Blythe – Pathology, Critical Care Medicine, Emergency Medicine, Ob/Gyn, and Pediatrics
    - **240-637-5971, jblythe@adventisthealthcare.com**
  - Ryan Morton– Psychiatry, Radiology, Anesthesia, Surgery and Advance Practice Practitioners
    - **240-637-6698, rmorton@adventisthealthcare.com**
  - Shirley Henry-Lue – Medicine, Cardiology
    - **240-637-5055, SHenryLu@adventisthealthcare.com**

Medical Executive Committee - WOMC

- Officers
  - President – Linda Nordeman, MD
  - President-Elect – Laura Khandagle, MD
  - Immediate Past President – Omid Moayed, MD
- Department Chairs
  - Dept. of Anesthesiology – Chair, Omid Moayed, MD
  - Dept. of Critical Care – Chair, David Remy, MD
  - Dept. of Cardiology– Chair, Anees Ahsan, MD
  - Dept. of Emergency Medicine – Chair, Linda Nordeman, MD
  - Dept. of Medicine – Chair, Courtney Ackerman, MD
  - Dept. of OB/Gyn – Chair, Arshad Sheikh, MD
  - Dept. of Pathology – Chair, Nicolas Cacciabeve, MD
  - Dept. of Pediatrics – Chair, Nitin Chopde, MD
  - Dept. of Psychiatry – Chair, Marissa Leslie, MD
  - Dept. of Radiology – Chair, Asante Dickson, MD
  - Dept. of Surgery – Chair, Sherif Selim, MD
  - Other Members:
  - Director - Hospitalist Service – Amare Abebe, MD
  - Chair, Quality Council – Brian Tenney, MD
  - Chair, Bylaws – Nicolas Cacciabeve, MD
  - Chair, CME Committee – Cynthia Plate, MD
- Members-at-Large:
  - Paul Massimiano, MD
  - Laron Johnson, MD
  - Christopher Magee, MD

Administration - WOMC

- President – Anthony Stahl, PhD
- Chief Medical Officer – Dr. James Rost
- Sr. Executive Assistant – Dottie Kocher

- Vice President of Business Development – Rob Jepson
- Vice President of Nursing/CNO – Devon Bennett
- Executive Assistant – Michelle Kerr

- Vice President/CFO – Kevin Cargill
- Executive Assistant – Anju Lall

- Director of Finance – Diana Rowny
- Director of Public Relations and Marketing – Lydia Parris

Important Reminders - WOMC

- It is your responsibility to notify medical staff office of any changes in your home and office address, phone, fax, answering service and email address.
- E-mail is the primary source of communication.
- Please return reappointment applications in a timely manner to avoid a late fee.
- Providing updated State licensures, CDS, DEA, malpractice insurances, life safety certificates, and other licensures/certificates required for specific privileges is the responsibility of the practitioners. To avoid suspension of privileges, this information should be submitted to us prior to the expiration date.

Requirements of Membership - WOMC

- Active Staff:
  - Must have the number of patient encounters during the term of appointment as determined by the department
  - Duties include voting and holding office in the Medical Staff organization, and accepting emergency on-call coverage for emergency care services
- Other staff statuses: Courtesy, Consulting, Community Staff, Telemedicine, Emeritus, Honorary, Advanced Practice Professionals
- Please refer to the WOMC Medical Staff Bylaws regarding requirements for each status

Medical Staff TB Testing Requirements

- Newly credentialed providers with a history of Negative Tuberculosis Skin Test (TST)
  - Will receive a TST at the Adventist HealthCare entity accordingly (or) provide proof of a TST within 1 year of the application date
- Current Providers with a known Negative Tuberculosis Skin Test
  - Will receive a TST every other year
  - Will complete a Tuberculosis Symptom Screening Survey every other year (opposite the TST)
- Newly credentialed providers with a history of Positive Tuberculosis Skin Test
  - Will receive baseline Interferon Gamma Release Assay
  - Will receive baseline chest x-ray or provide a chest x-ray within 90 days of the application date
- Current providers with a history of Positive Tuberculosis Skin Test:
  - Will receive baseline Interferon Gamma Release Assay if not already on file
  - Will complete a Tuberculosis Symptom Screening Survey annually
- Testing is provided by the hospital's Occupational Health Department.
- Occupational Health does not obtain copies of test results. Please keep copies for your file and future reference and submit a copy to your local medical staff office.

2020 National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly	▪ Use at least two ways to identify patients. ▪ Make sure that the correct patient gets the correct blood when they get a blood transfusion.
Improve staff communication	▪ Get important test results to the right staff person on time.
Use medicines safely	▪ Before a procedure, label medicines, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings that are not labeled. Includes syringes, medicine cups, and basins. Do this in the area where medicines and supplies are setup. ▪ Take extra care with patients who take medicines to thin their blood. ▪ Record and pass along correct information about a patient's medicines. Find our what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to date list of medicines every time they visit a doctor.
Use alarms safely	▪ Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
Prevent infection	▪ Use the hand cleaning guidelines from the Centers of Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
Identify patient safety risks	▪ Find out which patients are most likely to try to commit suicide.
Prevent mistakes in surgery	▪ Make sure that the correct surgery is done on the correct patient and the correct place on the patient's body. ▪ Mark the correct place on the patient's body where the surgery is to be done. ▪ Pause before the surgery to make sure that a mistake is not being made.

Organizational Culture - SGMC

- Adventist HealthCare Shady Grove Medical Center is a 336-bed acute care facility located in Rockville, MD. Opened in 1979, the hospital has since added a new four story patient tower, including 48 private rooms for new moms and their babies and high tech surgery department for inpatients and outpatients.

- Shady Grove Medical Center is part of Adventist HealthCare, an integrated healthcare delivery system that includes hospitals, nursing and rehabilitation centers, and other healthcare services. This full spectrum of services covers a wide range of health care needs, providing the best care for you and your family mind, body and spirit.

Organizational Culture – AHC Rehab

- Adventist HealthCare Rehabilitation is the first acute rehabilitation facility in a five-state area and only acute rehabilitation hospital in Montgomery County. Our facility first opened its doors in January 2001 to offer specialized, high quality inpatient and outpatient treatment for persons with functional limitations.
- Services include comprehensive rehabilitation programs for brain injuries, spinal cord injuries, strokes, amputations, orthopedic injuries and surgeries, sports- related injuries, work-related injuries, cardiopulmonary conditions and neurological disorders.
- Adventist HealthCare Rehabilitation is part of Adventist HealthCare, an integrated healthcare delivery system which includes hospitals, home health agencies and other healthcare services.

Organizational Culture - WOMC

Adventist HealthCare White Oak Medical Center is a not-for-profit, 180-bed acute-care facility located in Silver Spring, Maryland. The hospital is part of Adventist HealthCare, the first and largest healthcare system in Montgomery County, offering a full range of health and wellness services to the community including acute hospital care, rehabilitation, mental and behavioral health services, home care, health education, a physician network and wellness services for businesses. Based in Gaithersburg, Maryland, Adventist HealthCare is one of the largest employers in Maryland, with approximately 6,000 employees. Our mission is to demonstrate God's care by improving the health of people and communities through a ministry of physical, mental and spiritual healing.

Assessing and Managing Pain

- Pain will be assessed at the following intervals:
  - After any known pain producing event
  - With each new report of pain, unrelieved or worsening pain
  - The clinicians will utilize methods to assess pain that are consistent with the patient's age, condition, and ability to understand.
- Reassess pain for intervention effectiveness:
  - Transdermal in 12-18 hours
  - Epidural/PCA
  - Non-pharmacological therapy (e.g. ice packs, repositioning, imagery) as appropriate to intervention

Safe Use of Opioids/Referring to Program

Please refer to the below link on safe use of Opioids:

- https://www.acponline.org/meetings-courses/focused-topics/safe-opioid-prescribing-strategies-assessment-fundamentals-education

Please refer to the below link for Opioid treatment programs:

- https://dpt2.samhsa.gov/treatment/directory.aspx

Pain Management Techniques and Approaches

- Treatment of pain may include the use of medications or application of other modalities and medical devices, such as, but not limited to, heat or cold, massages, transcutaneous electrical nerve stimulation (TENS), acupuncture, and neurolytic techniques such as radiofrequency coagulation and cryotherapy.

Prescribing Drug Monitoring Program

- PDMP- Prescribing drug monitoring program- montiors only the prescribing and dispensing of drugs contain Schedules II through V controlled dangerous substances.
- CDS dispensers, including pharmacies and healthcare practitioners, are required to report to DHMH each time a CDS prescription is dispensed. CDS dispensers must report prescription information to PDMP no later than three (3) business days after the drug was dispensed.
- https://www.pdmpassist.org

Assessing and Managing Pain

- Pain Scale: A measure of the patient's pain intensity, often measured in a numerical range of 0 to 10, with o being pain free and 10 being the worst pain imaginable. Other scales are also used for pediatric, neonatal, and cognitively impaired patients or patients unable to rate pain verbally.
- Pain Scale Standardization:

MD ORDER FOR	ON 0-10 SCALE	CPOT SCALE
Mild Pain	Pain Scale 1 – 3	1 – 2
Moderate Pain	Pain Scale 4 – 7	3 – 5
Severe Pain	Pain Scale 8 – 10	6 – 8

Assessing and Managing Pain

- Reassessment is an important aspect of pain treatment and effectiveness. Although each entity has its own specific policy, pain should be reassessed whenever:
  - Patient reports pain
  - Readmission
  - Change in Status
  - Post fall
  - Identification of bruises or injury
  - Prior to treatments
  - After pain medication administration

- **Reassessment Time Frames**
  - Parenteral medication: within 30 minutes
  - Oral medication: within 60 minutes
  - Non-pharmacologic intervention: within 30 to 60 minutes
- Patients should be reassessed frequently for pain to ensure they are pain free or their pain is at the highest comfort level.

Patient Care: Bed Control

In order to provide the best care to our mutual patients:

- Admitting orders must be written/entered (CPOE) before the patient can be admitted to a room – whether coming from the ED or as a Direct Admission.
- Patients who will be directly admitted to the hospital should not be sent to the hospital to wait. (At SGMC,) the patient will be called/notified when a room is available, clean and orders have been received. (At Rehab) patient will be notified through social worker.
- If a hospitalist will be admitting the patient for the provider, that arrangement should also be finalized before the patient arrives.
- SGMC Bed Control – 240-826-4426
- Rehab – 240-864-6126 and WOMC – 240-637-5357

Patient Care: Patient Access

- Patient Access will identify the patient's financial obligation for the service being provided. A Financial Counselor will visit the patient/family to discuss payment and/or payment options. The Financial Counselor will explore all appropriate forms of assistance with the patient and will also refer the patient to the Medicaid Eligibility vendor if appropriate.
- The hospital follows state guidelines regarding the timeframe in which death certificates must be signed. This documentation should be handled promptly.

Physician Relations - SGMC

Shaina Anguera, Physician Liaison 240-826-6009 (office)

Overview

- Serves as a communication pathway between physician offices, physician office staff and the hospital in order to build mutually beneficial relationships, improve communication and enhance physician satisfaction.

Available to Help You:

- Learn more about Shady Grove Medical Center's programs and services in order to better serve your patients
- Meet other members of the medical staff
- Facilitate physician-to-physician meetings
- Navigate care through the hospital
- Resolve issues
- Please follow the link below to complete your SGMC physician profile for our free referral service
  - http://www.adventisthealthcare.com/DocProfile/

Patient Relations - SGMC

- Patient Representatives are available Monday through Friday 7:30 am to 4 pm at 240-826-6513. Contact Clinical Administrator during evening and weekends at 240-826-7522.
- The use of interpreter must be documented in medical record
- Nursing Administration also assists in providing interpreter services to patients who are hearing-impaired or unable to speak English. Call (240) 826-7522.

Patient Relations – AHC Rehab

- Director, Quality and Risk Management is available Monday through Friday at 240-864-6133.
- The use of interpreter must be documented in medical record
- Nursing Administration also assists in providing interpreter services to patients who are hearing-impaired or unable to speak English. Call (202) 340-0191.

Patient Relations - WOMC

- Issues can be directed to the Nursing Unit Director on the floor or the Administrative Supervisors by dialing x6333, pager 200 or contacting the hospital operator.
- Complaints may involve Risk Management on pager (301) 224-0761
- Nursing Administration also assists in providing interpreter services to patients who are hearing-impaired or unable to speak English. Call (240) 637-5224.
- The use of interpreter must be documented in medical record
- Spanish Interpreter (M-F) can be reached at (301) 367-1935

Pharmacy Department – SGMC/AHC Rehab

Pharmacy is open 24/7. Call (240) 826-6155

Specialized Pharmacy Services:

- Anticoagulation Service and patient counseling
  - Warfarin dosing and monitoring per protocol
- Medication Consults available daily
- Renal Dosing and Medication Monitoring Service
- IV to PO conversion for select medications
- Pharmacokinetic Dosing Service
  - Antibiotics, antiepileptics, immunosuppressants, lithium, and digoxin
- Parenteral Nutrition Consults/ Electrolyte replacement per protocol (SGMC)
- Drug Information
- Antibiogram and Antibiotic Guidelines published annually
- Educational Updates for providers
- Drug Formulary
  - Hospital Intranet → Clinical → AHC Formulary → SGMC/ Rehab
- Medication Shortages
  - Cerner announcement tool temporarily updates providers 'real time' for new shortages
  - Existing shortages are communicated monthly to P&T Committee and MEC

Pharmacy Department - WOMC

Pharmacy is open 24/7. Call (240) 637-5543
Specialized Pharmacy Services:

- Anticoagulation Service and patient counseling
  - Warfarin dosing and monitoring per protocol
- Medication Consults available daily
- Renal Dosing and Medication Monitoring Service
- IV to PO conversion for select medications
- Parenteral Nutrition Consults/ Electrolyte replacement per protocol
- Drug Information
- Antibiogram and Antibiotic Guidelines published annually
- Educational Updates for providers
- Drug Formulary
  - Hospital Intranet → Quality & Patient Safety → AHC P&T → AHC Formulary

- Medication Shortages
  - Cerner announcement tool temporarily updates providers 'real time' for new shortages
  - Existing shortages are communicated monthly to P&T Committee and MEC

Anticoagulants

- Anticoagulants are ranked by the Institute for Safe Medication Practices (ISMP) as one of the top five high-alert drug types associated with accidental deaths and patient safety incidents in the United States.
- The Joint Commission established a National Patient Safety Goal to “reduce the likelihood of patient harm associated with the use of anticoagulation therapy.”
- The organization should approve protocols for the initiation and maintenance of anticoagulation therapy and warfarin should be dispensed for each patient in accordance with established monitoring procedures.

Anticoagulants at SGMC/AHC Rehab

- Adventist HealthCare's Warfarin Therapy Guidelines were developed and approved by the AHC Pharmacy and Therapeutics Committee for all Adventist Entities.
- The Pharmacy Anticoagulation Service was established at Shady Grove Medical Center.
- The Service which is staffed by anticoagulation-certified and trained pharmacists provides management of warfarin dosing and oversight of anticoagulation therapy to all patients in the hospital.
- Pharmacists educate newly started patients on the use of warfarin and Direct-acting Oral Anticoagulants (DOACs).

Physician Relations - SGMC

Core Purpose

- To cultivate and develop strong relationships with community physicians to increase service line and specialty referrals while obtaining valuable field intelligence to bring back to the organization.

General

- Growth and service retention visits: Target number of 80 physician office visits per month
- Identifies and engages with new physicians as well as those physicians who split their business between Shady Grove Medical Center and competing hospitals.
- Promotes service line capabilities to support volume/revenue goals in line with SGMC strategic goals.
- Provides updates to physicians and their support staff about programs and services at SGMC
- Assess physicians' needs, collects feedback on issues and barriers related to the hospital or referral process and communicates these findings back to the appropriate leaders and staff. Will also provide follow-up on identified issues.
- Establishes and maintains constructive lines of communication between community physicians, employed physicians, and Shady Grove Medical Center.

Physician Relations - SGMC

Physician Integration & Alignment

- One Health Quality Alliance Clinically Integrated Network (OHQA CIN)
- Adventist Medical Group – Medical Faculty Associates (AMG-MFA)

Communication

- Provides information and updates on hospital services and program

Recognition

- Physician RISES award
- Retiring physicians
- Annual Doctors Day Celebration

Melissa Voutsos Hogle, Physician Relations
Office: 3rd floor Aquilino Cancer Center
Phone: 240.826.2142 Cell: 410.707.0097
Email: mhogle@adventisthealthcare.com

Outpatient Business Development – AHC Rehab

Ally Frank
Business Development Manager, Outpatient Therapy
301-442-3264 (cell), afrank@adventisthealthcare.com

Overview

- Serves as a communication pathway between AHC Rehab's outpatient therapy clinics and physician offices, as well as a consultant to provide solutions to practice's outpatient therapy needs

Available to Help You:

- Learn more about AHC Rehabilitation's outpatient programs and services in order to better serve your patients
- Meet members of our therapy team (PT, OT, SLP)
- Facilitate meetings with our PM&R physicians
- Navigate the outpatient referral process
- Assist in issue resolution

Inpatient Business Development – AHC Rehab

Barbara Blandford, RN,BSN
Business Development Manager, Inpatient Acute Rehab
240-393-1993 (cell), bblandf1@adventisthealthcare.com

Overview

- Adventist Health Care Acute Rehabilitation's comprehensive, interdisciplinary team works with patients and families to develop personalized treatment plans for improving functional abilities and helping patients adjust to life style changes as a result of injury or illness.

Available to Help You:

- Learn more about AHC Rehabilitation's inpatient CARF Accredited programs for Stroke, Brain injury, Spinal cord injury, Amputation and General rehab.
- Receive referrals for patients to be evaluated for admission to Acute Rehab at both Rockville and Takoma Park. 55 beds at Rockville and 32 beds at Takoma Park
- Facilitate patients admissions to rehab from the acute hospital
- Navigate the insurance process for admission

Physician Relations & Business Development WOMC

Kim Hill, Business Development	240-637-6388 (office)
Janet Lutz, Business Development	240-637-6567 (office)

Overview

- Serves as a communication pathway between physician offices, physician office staff and the hospital in order to build mutually beneficial relationships, improve communication and enhance physician satisfaction

Available to Help You:

- Learn more about Washington Adventist Hospital's programs and services in order to better serve your patients
- Meet other members of the medical staff
- Facilitate physician-to-physician meetings
- Navigate care through the hospital
- Resolve issues

We want to make working at and with White Oak Medical Center as seamless and convenient as possible for you.

Population Health Initiatives - SGMC

Transitional Care Program

- Readmission risk assessment
- Will risk assess all inpatients-excluding Maternal Child Health
- Program lasts 90 days post discharge
- Hospital visit to offer program
- Home visit within 72 hours of discharge
  - Med rec
  - Discharge instruction review
  - Safety check
  - Preparation for 7 day follow up with PCP
  - Disease specific education/action plans
  - Phone calls weekly for 1 month, and at 2 and 3 month mark

Care Navigation Program

- Goal
  - To connect patients with resources to allow them to safely recover at home
- Key Action

  Assessment of patient's understanding of and their ability to follow hospital discharge instructions
- Patient Population
  - Patients post discharge from SGMC and WOMC who are at high risk for readmission
  - Patients post discharge from Adventist HealthCare Rehabilitation who had a prior SGMC or WOMC discharge and remain at high risk for readmission
- Team
  - Registered Nurses and Community Health Workers who coordinate care and connect patients to community services
  - Will work with patients for 30 – 45 days

Care Navigation Program

- **Services**
  - Assessment for:
    - Follow up appointments
    - Medication access and knowledge
    - Disease management knowledge
    - Safety
    - Food
    - Shelter
    - Transportation
  - Remote monitoring of Blood Pressure, Pulse Oximetry, Weight, Blood Glucose
- **Plan**
  - Developed with patient to meet key needs
  - Home assessment may be required
    - Performed by CTM staff or Home Health staff
  - Weekly phone coaching sessions with patient
    - Assess recovery
    - Work through discharge plan

Care Navigation Program

- Graduation Criteria
  - Patients are on path to recovery
  - Patients are connected to community resources
  - Patients understand how to manage their acute or chronic disease(s)
  - Patients have
- To make a referral to Care Transitions and Management
  - Enter a consult in Cerner
  - Call 240-826-5555 – SGMC Team
  - Call 240-637-6695 – WOMC Team

Population Health Future Initiatives - SGMC

- Telehealth
  - CHF & Diabetes
- SeedCo
  - Online benefits screening program-social determinants of health
- Readmission Reviews
  - Review all readmissions for trends/opportunities for improvement
  - Present at Readmission Review Team Meeting-monthly

Population Health Initiatives - WOMC

Transitional Care Program

- Readmission risk assessment
- Will see ***highest total number of inpatients*** for population health
- Program lasts 90 days post discharge
- Hospital visit to offer program
- Home visit within 72 hours of discharge
  - Med rec
  - Discharge instruction review
  - Safety check
  - Preparation for 7 day follow up with PCP
  - Disease specific education/action plans
  - Phone calls weekly for 1 month, and at 2 and 3 month mark

Population Health Initiatives-WOMC

ED U-Turn Program

- Transitional Care Manager placed in the Emergency Department to focus on readmission reduction and avoidable utilization.
- Partnership with skilled nursing facilities to increase communication regarding patient needs and expectations.
- Program launched in March, 2015.
- Goal of program to identify opportunities to treat and discharge the patient from the ED instead of admission.
- Program will evaluate ***ALL*** patients in the Emergency department.

Population Health Initiatives -WOMC

Seedco Earned Benefits

- SeedCo is a software that connects low-wage workers and their families to public and private benefits programs. Often these patients are eligible but do not know these programs exist.
- Benefits like: affordable health insurance, food stamps, child care subsidies, and tax credits help low income households achieve long-term employment, financial stability, and free school lunches are just some of the benefits.
- This program is in collaboration with CCI, the volunteer office at WAH and Population Health. The patients will be followed through their stay and applications can be submitted while the patient is here or at CCI. Follow up occurs with Population Health, the volunteer office, and the CCI clinic once patient has been discharged

Potentially Preventable Complications (PPCs)

are another element of pay for performance

PPCs are disease conditions coded as hospital acquired and are tracked and reported to HSCRC which ranks all hospitals in Maryland against each other according the rate of PPC occurrence. Hospitals are then either rewarded or penalized for their performance. Potential impacts is in the millions of dollars for any facility.

- **WHAT PHYSICIANS CAN DO TO HELP:**
  - Always document when conditions are present on admission (POA). This would include respiratory failure, evolving septic conditions, renal failure, etc.
  - Answer PPC queries in your Inbox promptly and by using the MODIFY button.
  - Be aware that complications or disease states that exist PRIOR to the INPATIENT admission order being written (in community, outpatient or observation settings) are considered POA, and should be documented as such

Practitioner Health and Rehabilitation

- Adventist HealthCare utilizes the Maryland Professional Rehabilitation Program through the Maryland Board of Physicians for assistance with practitioner health and rehabilitation.
- Entities may refer practitioners to the program or practitioners may self-refer.
- The program offers assistance with alcohol and drug abuse as well as behavior issues, etc.
- SGMC & WOMC provide bi-annual Grand Rounds sessions to educate our practitioners regarding this program.
- For additional information, please reference http://www.mbp.state.md.us/pages/rehab.html.

Focused Professional Practice Evaluations

(FPPEs)

- The Joint Commission requires that all practitioners with clinical privileges go through FPPE for initial privileges, additional privileges and for quality concerns.
- If you have clinical privileges and no patient activity at our entities, you will remain on FPPE or be moved to a non-clinical category during your reappointment.

Ongoing Professional Practice Evaluations

(OPPEs)

- The Joint Commission requires that all practitioners with clinical privileges go through OPPEs on a regular basis to assist in ensuring competency.
- If you fail to meet your specific department/sections OPPE criteria, you may be required to complete additional education, meet with your respective chairman, etc.

AHC Quality & Patient Safety

We are dedicated to being the *safest* place to receive care and to deliver *superior clinical outcomes*

Definition Quality

- The degree to which care, treatment, or services for individuals and populations increases the likelihood of desired health or behavioral outcomes.

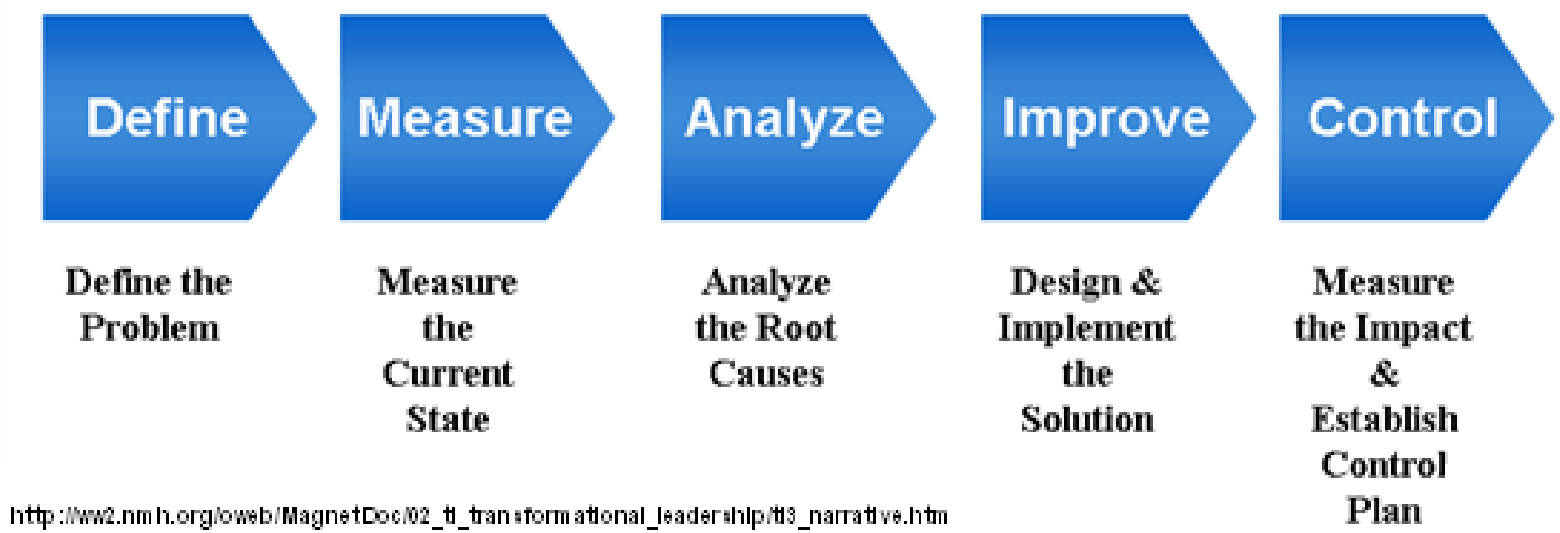
- Considerations include the appropriateness, efficacy, efficiency, timeliness, accessibility and continuity of care; the safety of the care environment; and the individual's personal values, practices, and beliefs.

Key Functions of Quality Department

- Quality review and oversight
- Core measures
- Peer review
- Performance improvement process
- Data analysis
- Accreditation & regulatory readiness
- Patient safety
- Root cause analysis

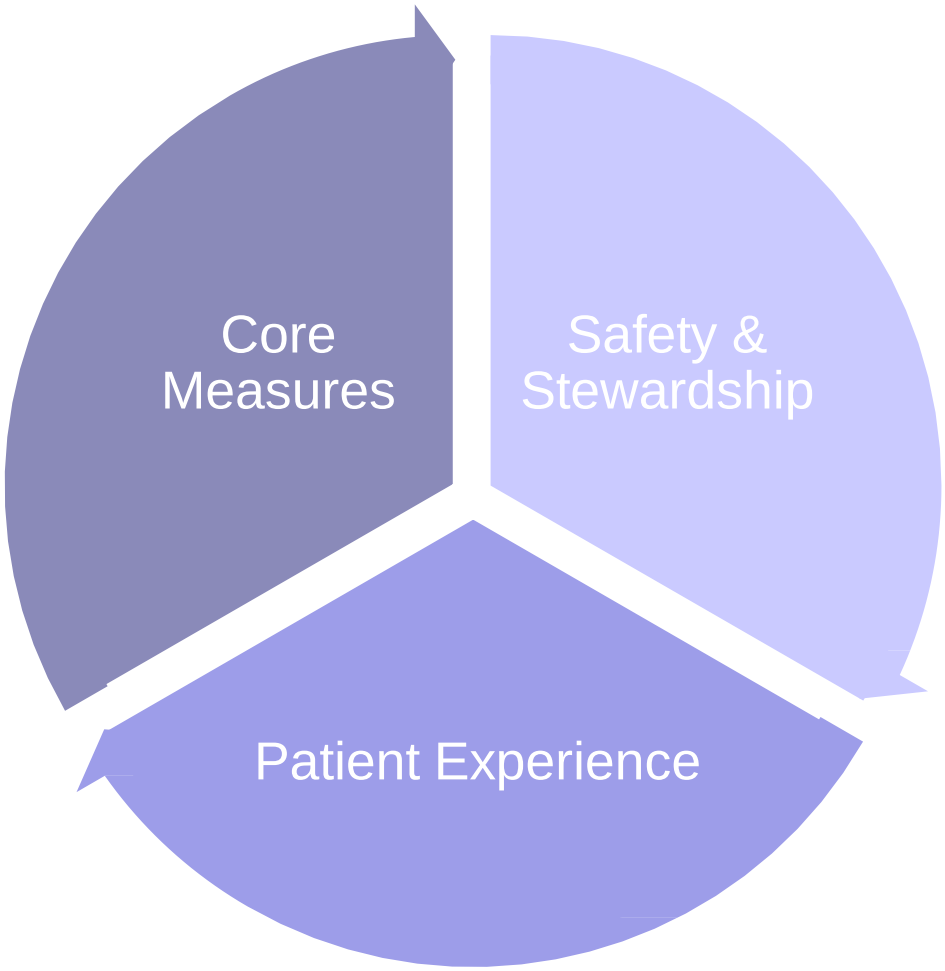
Process Improvement: DMAIC

- DMAIC is a performance improvement methodology adopted by our organization
- The DMAIC process helps us achieve high quality, safe, and efficient care to improve patient outcomes.



http://ww2.nmh.org/oweb/MagnetDoc/02_tl_transformational_leadership/tl3_narrative.htm

Clinical Performance Summary



Adventist HealthCare

Core Measures – SGMC/WOMC

Category	Measures
Emergency Department – ED	• Median time from ED arrival to ED departure time for admitted ED patients • Admit decision time to ED departure time for admitted ED patients
Perinatal Care – PC	• Early elective delivery
Stroke – STK	• VTE prophylaxis • Thrombolytic therapy • Discharged on Statin medication • Stroke education
Venous Thromboembolism – VTE	• VTE prophylaxis • ICU VTE prophylaxis • VTE patients with anticoagulation overlap therapy • VTE discharge instructions • Incidence of potentially preventable VTE

Core Measures – SGMC/WOMC

Category	Measures
Immunization – IMM	• Influenza immunization rate (inpatients)
Outpatient – OP	• Aspirin at arrival • Median time to ECG • Median time from ED arrival to ED departure for discharged ED patients – overall rate • Door to diagnostic evaluation by a qualified medical professional in the ED • ED Median time to pain management for a long bone fracture • Appropriate follow-up interval for normal colonoscopy in average risk patients • Colonoscopy interval for patients with history of adenonmatous polyps – avoidance of inappropriate use

Safety & Stewardship

- Hand hygiene
- Central Line Associated Blood Stream Infection (CLABSI)
- Catheter Associated Urinary Tract Infection (CAUTI)
- Infectious Ventilator Associated Condition (IVAC)
- Surgical Site Infection (SSI) – colon & abdominal hysterectomy
- Medication errors with severe injury/death
- Falls with severe injury/death
- Sentinel events

Patient Experience

- Nurse communication
- Responsiveness of hospital staff
- Quietness of area around room at night
- Communication about medicines
- Overall rating of hospital
- Transition of care
- Doctor communication
- Cleanliness of room/bathroom
- Pain management
- Discharge information
- Likelihood to recommend

Adventist HealthCare

Quality Based Reimbursement (QBR)

Component	Description	Rate Year 2017 Weight	Min Attainment Point Score
Clinical Process	Core Measures - Immunization	**5%**	**95.16%**
Clinical Outcome	Mortality (Survivability)	**15%**	**97.16%**
HCAHPS	Cleanliness & Quietness	**45%**	**65.30%**
	Communication about Meds		**62.88%**
	Communication with Doctors		**80.51%**
	Communication with Nurses		**78.19%**
	Discharge Information		**85.91%**
	Overall Rating of Hospital		**70.02%**
	Pain Management		**70.28%**
	Responsiveness of Hospital Staff		**65.05%**
Patient Safety *(low score best; zero is perfect)*	CAUTI	**35%**	**.8450**
	CLABSI		**.4570**
	SSI-Colon		**.7510**
	SSI-Abdominal Hysterectomy		**.6980**
	PSI-90 Composite Score		**≤.7355**

Internal Reporting of Safety and Quality Concerns

- AHC is committed to providing safe quality care and service to our patients. When you have a unresolved concern regarding our patients' safety or quality of care, bring it to the attention of one of the following:
  - The Unit/Department Manager or Administrative Supervisor
  - SGMC Safety Officer – Kristen Markowitz @ 240-826-6661
  - Rehab Safety Officer – Rosalyn Ofei @ 240-864-6055
  - WOMC Patient Safety Officer – Debbie Kademian @ 240-637-6025
  - Corporate Safety Officer – Debra Illig @ 301-315-3605
  - Call the Adventist HealthCare Anonymous Hotline @ 1-800-814 1434
  - "WOMC Patient Safety Hotline" 240-637-6599

    Any patient safety concerns may be directed to this automated number at any time. The message will be reported immediately to the Quality and Risk Team for follow-up. RL Solutions will be used to track each call.
  - Rehab Safe Line @ 240-864-6055
    - During the day, the phone will be answered by one of the quality management staff. After hours, there is a protected voice mail for you to leave us a message about the patient and what happened. All of these events will then be entered into the incident reporting system (RL Solutions) and followed up immediately.

External Reporting of Safety and Quality Concerns

- AHC and its entities will take no disciplinary action because an employee or provider reports safety or quality of care concerns to regulatory agencies.
- Any individual who provides care treatment and services may report concerns about safety and quality of care to:
  - **The Joint Commission**
    - 1-800-994-6610
    - complaint@jointcommission.org
  - **Maryland Department of Health and Mental Hygiene**
    - 1-877-402-8218
    - ohcq.web@maryland.gov
  - **Center for Medicare and Medicaid Services**
    - 1-877-267-2323
    - www.cms.hhs.gov

Criteria for Calling a Rapid Response – SGMC/Rehab

- Any acute change in the patient's clinical condition including, but not limited to:
  - Respiratory compromise
    - Threatened airway
    - Respiratory distress (new onset or persistent)
    - Decreased O2 saturation (new onset or persistent)
  - Cardiovascular compromise
    - New onset chest pain
    - Symptomatic hypotension or hypertension (new onset or persistent)
    - Change in HR (new onset or persistent)
    - Acute bleeding
  - Neurological compromise
    - Acute change in level of consciousness
    - Suspected acute stroke
    - Seizure (new onset or prolonged)
    - Sudden onset of unexplained agitation or delirium.
    - Significant behavioral change. Imminent dangerous behaviors that put the patient or others at risk and justify restraint use (see RN Behavioral Narrative Notes for list of specific behaviors).
    - Staff/patient/family may call a Rapid Response Team when concerned that additional clinical assessment(s) or consultation is warranted.
- To be called when deterioration of patient condition continues despite clinical intervention/treatment.

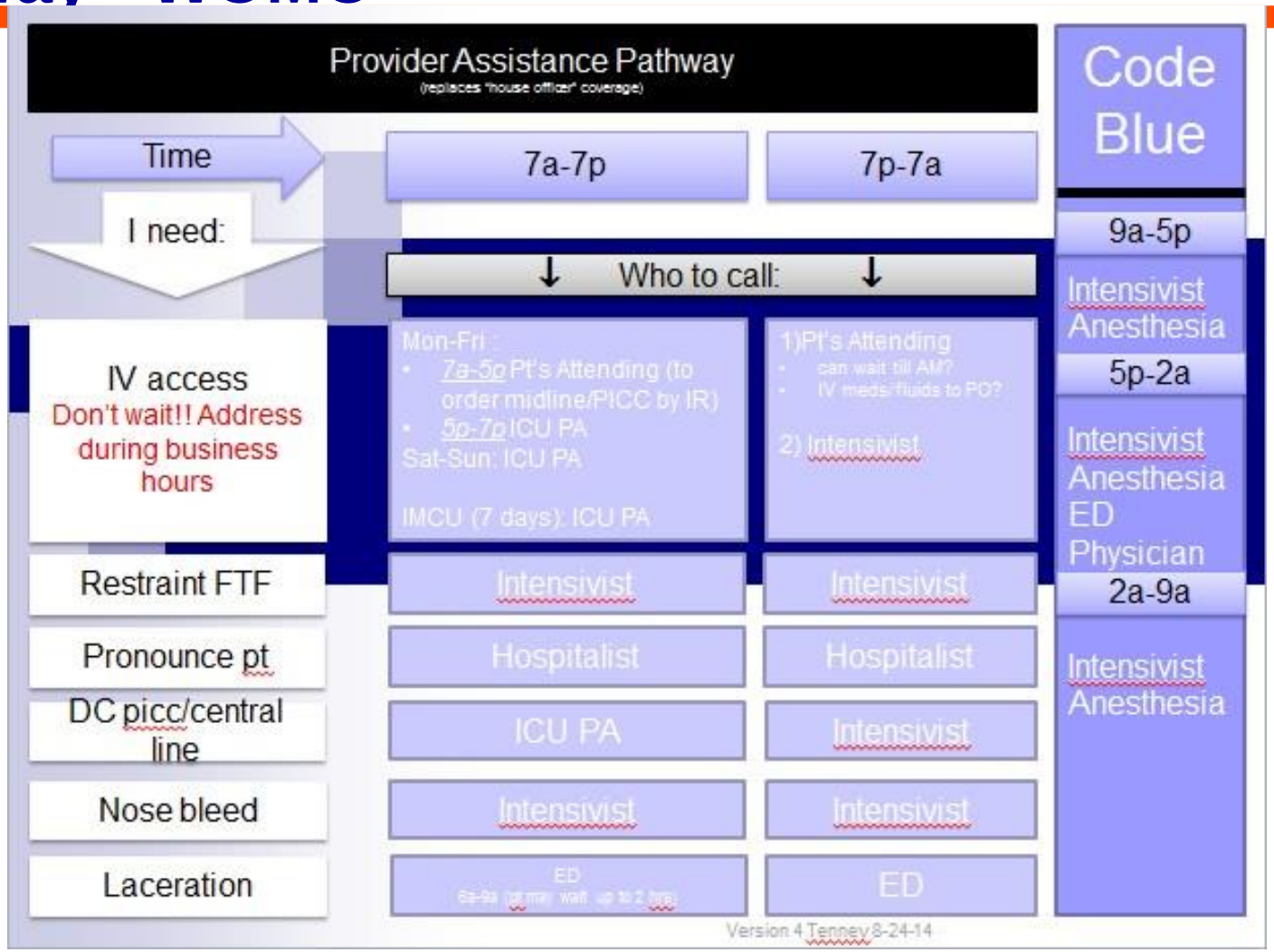
Rapid Response/Code Blue – SGMC/ AHC Rehab

- The RRT is called by dialing **4444** from any internal hospital phone.
- The caller will request the RRT (adult or pediatrics) and provide the patient's location.
- The switchboard operator will place the call for the RRT (**Adult Rapid Response or Pediatric Rapid Response**) via overhead announcement, along with the patient's location, and will also activate the pager/Vocera® system for the RRT members.
- The Rapid Response Team (Adult or Pediatric) will respond to RRT requests which occur outside of the main hospital building, including the *9715 Building*, either on hospital property or in a hospital-based service in a contiguous building.
- A rescue stretcher, airway bag and defibrillator will be taken to the location by ED staff and respiratory therapist. EMS will provide assistance upon arrival.
- The patient will be transported to the ED as soon as clinically appropriate.
- Code Blue may also be called by dialing **4444.**
- A Code Blue at SGMC is an unexpected cardiac or respiratory arrest of an adult, child and infant.

Rapid Response/Code Blue - WOMC

- The RRT is called by dialing **5555** from any internal hospital phone.
- The caller will request the RRT and provide the patient's location.
- The switchboard operator will place the call for the RRT via overhead announcement, along with the patient's location.
- The Rapid Response Team will respond to RRT requests which occur outside of the main hospital building either on hospital property or in a hospital-based service in a contiguous building.
- A rescue stretcher, airway bag and defibrillator will be taken to the location by ED staff and respiratory therapist. EMS will provide assistance upon arrival.
- The patient will be transported to the ED as soon as clinically appropriate.
- Code Blue may also be called by dialing **5555.**

Provider Assistance Pathway & Code Blue Pathway - WOMC



Restraints/Code Green

- Order restraints only to ensure the immediate physical safety of the patient, staff or others.
- When less restrictive methods have proven ineffective.
- Select the least restrictive restraint possible.
- Complete a face-to-face evaluation for the violent patient only, within 1 hour after the initiation.
- Know that restraint orders are renewed daily in the non-violent patient.
- Restraint orders are based on age of the patient for violent or self-destructive patients
  - 4 hours for 18 years or older
  - 2 hours for ages 9-17 year olds
  - 1 hour for children < 9 years
- The attending physician must be consulted within 30 minutes if the attending did not order the restraint.
- For more information, contact SGMC Quality at 240-826-6099; or WOMC Quality at 240-637-5647. Rehab is a restraint free facility. But providers will be notified if mitt is needed.

Code Green AHC Policy CP 108

- "CODE GREEN" is an internal emergency code used to summon immediate response for a situation involving a combative or violent person or a potentially combative or violent person. The intent of the immediate response is to control aggressive, or physically threatening, behavior thereby preventing injury to staff and the person in question. When a staff member feels there's potential for a workplace violence incident, they are encouraged to call Code Green.
- Everyone responding to a "Code Green" call should be aware of the potential for physical contact and must exercise caution. Staff will not rush into a situation or take actions which could cause escalation.

Code Green

- Clinical Staff are required to attend the CPI - Crisis Prevention De-escalation Educational Program every 2 years.
- Every Code Green is followed by a debrief to discuss the situation and evaluate opportunities for improvement.
- All Code Green participants are required to attend the debrief

Security Department

- Hours of Operation: Available 24/7
- Telephone: SGMC/Rehab 240-826-6671 or WOMC 240-637-5062
- Services Offered:
  - ID Badge and access control services
  - Vehicle jump starts & lockouts
  - After hours escorts to and from vehicles
  - Physician lot gate assistance

You are required to wear your ID badge at all times while on hospital grounds

Attestation-Medical Staff and AHP/APP Orientation Materials

By signing and dating below, I attest that I have read and understand the content of the Medical Staff and Allied Health Professionals/Advance Practice Professionals educational material. I will contact the Medical Staff Office @ 240-826-6115 (SGMC/ Rehab) and @ 240-637-5056 (WOMC) with any questions or concerns regarding this material.

Printed Name

Date

Signature