Medical Staff Education

AdventHealth
Hendersonville

Table of Contents

Medical Staff Education

Anticoagulation Therapy

One of The Joint Commission's National Patient Safety Goals is to "reduce the likelihood of patient harm associated with the use of anticoagulation therapy."

Multidisciplinary teams developed Power Plans in order to ensure patient safety.

When anticoagulation therapy is prescribed, use of one of the Power Plans is required to initiate therapy.

Power Plans include:

- ACS/NSTEMI Invasive Strategy – Anticoagulation Subphase
- ACS/NSTEMI Conservative Strategy – Anticoagulation Subphase
- Anticoagulation Therapeutic Enoxaparin Lovenox Subphase
- Anticoagulation Therapeutic Fondaparinus Aristra Subphase
- Anticoagulation Therapeutic Unfractionated Heparin Subphase
- Anticoagulation Therapeutic Warfarin Coumadin Subphase
- Anticoagulation Reversal Warfarin Heparin, LMWH Subphase

General Considerations for Anticoagulation Therapies: Anticoagulation Contraindications include:

- Any localized or general physical condition or personal circumstance in which the hazard to hemorrhage might be greater than the potential clinical benefits of anticoagulation.
- Heparin-induced thrombocytopenia (HIT) – unfractionated heparin and enoxaparin
- Pregnancy-warfarin
- Coagulopathy
- Severe bleeding disorders, such as hemophilia or idiopathic thrombocytopenic purpura (ITP)
- Active major bleeding (e.g., GI bleeding, hemorrhagic stroke)

Anticoagulation Precautions:

- Acute infective endocarditis
- Dissecting aneurysm
- Peptic ulcer disease
- Recent GI bleeding
- Non-hemorrhagic stroke
- Diverticulitis
- Inflammatory bowel disease
- Decreased platelets
- Menstruation
- Threatened abortion or other abnormal vaginal bleeding
- Severe hepatic disease
- Severe renal disease
- Uncontrolled hypertension
- Hypertensive or diabetic retinopathy
- Recent brain, spinal or ophthalmological surgery
- Diagnostic lumbar puncture, epidural anesthesia or spinal anesthesia

Antimicrobial Stewardship

Antimicrobial resistance and lack of available agents have become urgent health care crises, as well as for public health and national security.

Studies indicate ~50% of antibiotics prescribed in hospitals are unnecessary or inappropriate.

Antimicrobial stewardship is the most important practice we have to stop this threat. The goals of antimicrobial stewardship are to optimize antibiotic use, reduce adverse events/resistance associated with antibiotic use and improve patient outcomes.

It is the responsibility of all providers at AdventHealth Hendersonville to ensure safe and effective antimicrobial practices.

These practices are driven by the Antimicrobial Stewardship Program (ASP), a multidisciplinary committee, led by Joshua Cress, PharmD. AdventHealth Administration supports the ASP and endorses the antimicrobial initiative set forth from this committee.

The ASP at AdventHealth has identified focused initiatives to improve our antimicrobial utilization and minimize the use of the unnecessary or inappropriate antimicrobials. Major initiatives include:

Empiric antimicrobial recommendations based on local microbiology data and guidelines

- Dose optimization and monitoring
- Restriction and prior authorization of specific antimicrobial agents
- Utilization tracking and data collection of targeted agents
- Prospective audit with feedback to prescribers
- Prompt de-escalation from broad- spectrum coverage
- Education to patients, providers and staff.

Effective January 1, 2017, The Joint Commission implemented a new Medication Management Standard (MM.09.01.01) for antimicrobial stewardship for hospitals, critical access hospitals and nursing care centers. This standard for hospitals consists of seven elements. To ensure compliance with this standard, providers should:

- Follow the practices set forth by the ASP
- Power Plans are created for all AHS facilities based solely on guidelines and include all possible treatment options
- ASP recommendations have tailored these options to align with local microbiology data
- These can be found on Connect or contact the Pharmacy Department
- Provide clear documentation of infection
- Assess/reassess the need for antimicrobials daily
- De-escalate or discontinue any antimicrobial as soon as clinically possible to prevent resistance and unnecessary harm to the patient (i.s. C.difficile infection)
- Be cognizant and consider local susceptibilities and resistance patterns at AdventHealth Hendersonville
- Indication and duration are required on every systemic antimicrobial order at AdventHealth Hendersonville and may need to be modified throughout the course
- Provide education to patients and caregivers regarding antimicrobial use
- Remember antimicrobials are the only drug that given to one patient will affect other patients!

Learn More: **Please contact Joshua Cress, PharmD with any questions.**

Customer Service - iCARE

i INTRODUCE

- Knock or ask permission to enter a patient room or curtained area.
- Smile and make eye contact.
- Share your name, your purpose and your role.
- Shake hands when appropriate.

C CONNECT

- Sit or get at eye level.
- Ask, “How are you today?”
- Refer to the Most Important Thing on the communication board or ask, “What is the most important thing I can do for you today?”
- Show compassion to patients, guests and team members.

A ANTICIPATE

- Ask the patient if they are comfortable.
- Check if needs are met.
- Explain next steps.
- Be helpful and answer questions before they are asked.
- Be aware of their facial expressions and body language.
- Set time expectation for interaction as needed.

R REINFORCE

- Restate the plan, next steps and expected wait times.
- Check for understanding of next steps (encourage teach-back).
- Use visuals or educational materials.
- List things you will follow up on.
- Ask, “What questions do you have for me?”

E EXTEND

- Ask, “What else may I do for you?”
- Say, “It’s my pleasure” when thanked.
- Mange up the team, facility and experience.
- Thank them: “Thank you for allowing me to help you.”

End-of-Life Care/Palliative Care Services

Though palliative care and hospice both focus on relief of suffering and quality of life for patient and family, there is a difference between the two.

- Often patients, will receive active curative treatments while also receiving Palliative Care Services.
- There is confusion between these terms amongst the community, as well as health professionals.

PALLIATIVE CARE	HOSPICE
From the original Latin word "palliate" to "cover," "cloak" or "mask." Hence to relieve pain and symptoms.	"Hospes" and "hospitium" were used to denote word host, described as a place of refuge for weary or sick travelers seeking rest on life's journey.
Does not eliminate the possibility of aggressive treatment of an illness.	Treatment focuses on comfort measures only.
Timing: Palliative treatment can be considered at any time during the course of the illness.	Timing: Patient is in the last stages of a terminal illness.

PALLIATIVE CARE TEAM

- AdventHealth Hendersonville has an alliance with Four Seasons Compassion for Life and its Palliative Care Team to assist staff in addressing physical, psychological and spiritual needs of patients who are diagnosed with a life-threatening disease.
- The interdisciplinary team includes specially trained physicians, physician assistants, nurses, pharmacists, social workers and chaplains.
- Assesses patient/family needs and modifies plan to maximize comfort.
- Helps patients/families process difficult decisions and troubling circumstances.
- Requires Physician Order.
- AdventHealth does NOT have a Palliative Care Floor.
- A patient can utilize Palliative Care services on any unit in the hospital.
- When a Palliative Team consult is ordered, call **828-692-6178** to notify the team.
- The team is available seven days a week, during regular business hours.
- On weekends, if urgency arrives, call **828-692-6178** for support.

The following tools are available to physicians and staff with or without team involvement:

- Patient/Family educational brochures about palliative care, food/fluids at end-of-life, signs/symptoms of approaching death and bereavement services.
- Nursing care for the patient receiving palliative care.
- CPOE Order Set.

Ensuring Patient Safety / Wrist Band Alerts

AdventHealth Hendersonville currently requires the use of two colored wrist bands for the purpose of identifying patient conditions. The colors and conditions are:

- Purple = DNR
- Yellow = Fall Risk

Safe Medical Devices

- Hospitals are required to report adverse events involving a medical device, which includes serious injury and/or death, to the Food & Drug Administration (FDA) and/or product manufacturer.
- Notify Risk Management (ext. 8109) immediately if you become aware of a medical device that may have caused or contributed to injury or death of a patient.
- Under NO circumstance should you throw away a product which has malfunctioned. In addition, any medical device that malfunctions or fails is to remain on AdventHealth Hendersonville premises. Do not, for any reason, release any equipment to vendors or sales personnel without consent of Risk Management.

Ethics Committee

AdventHealth Hendersonville believes each patient has the right to be involved in resolution of dilemmas about care decisions.

This right is extended to a surrogate health care decision-maker and to family members.

An Ethics Committee exists with the purpose of:

- providing a resource for physicians, administration, staff, patients and families;
- advising on policy and guidelines regarding ethical issues;
- monitoring legislation, which has ethical implications for health care.

ETHICS CONSULTATION PROCESS:

- An ethics consultation may be requested by a physician, patient, patient's immediate family, patient's health care agent or legal surrogate (i.e., guardian), or a member of the health care team.
- The purpose of the consultation is to ensure that ethical considerations are considered, in an attempt to resolve the matter through informal dialogue and one-on-one consultation and discussion of the case.
- It is not the purpose of the ethics consultation to review or recommend medical decisions.
- The results of consultation shall not become part of the patient's medical record.
- A request for an Ethics Committee consultation should be relayed through the Administrative Supervisor (A.S.). The A.S. will notify the on-call Ethics Committee member. The on-call member will evaluate the request and convene the Ethics Committee if warranted.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. HCAHPS, pronounced "H-caps," also known as the CAHPS® Hospital Survey, is a 32-item survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience.

Participation in this survey is a part of CMS requirements for publicly reported data and Value-Based Purchasing.

Ten HCAHPS measures (six summary measures, two individual items and two global items) are publicly reported on the Hospital Compare website, **medicare.gov/hospitalcompare**

The six composites summarize how well nurses and doctors communicate with patients, how responsive hospital staff are to patients' needs, how well hospital staff help patients manage pain, how well the staff communicates with patients about new medicines, and whether key information is provided at discharge. The two individual items address the cleanliness and quietness of patients' rooms. The two global items capture patients' overall rating of the hospital and whether they would recommend it to family and friends. Survey response rate and the number of completed surveys are also publicly reported.

HCAHPS is administered to 100% of inpatients here at AdventHealth Hendersonville. Surveys are mailed to the patient approximately two weeks after discharge. If you take care of patients in the inpatient setting, your patients will be surveyed on your communication.

DOCTOR COMMUNICATION

- How often did doctors treat you with courtesy and respect?
  - Never
  - Sometimes
  - Usually
  - Always
- How often did doctors listen carefully to you?
  - Never
  - Sometimes
  - Usually
  - Always
- How often did doctors explain things in a way you could understand?
  - Never
  - Sometimes
  - Usually
  - Always

We are measured on the top box scores, so we only get credit for the questions that are answered "Always."

Influenza

Influenza is primarily a community-based infection that is transmitted in households and community settings.

FACT:

Each year, 5 – 20% of U.S. residents acquire an influenza virus infection, and many will seek medical care in ambulatory health care settings. In addition, an average of more than 200,000 persons are hospitalized each year for influenza-related complications. Source: **cdc.gov/flu/keyfacts.htm**

Diagnosis:

Diagnosis of influenza can be difficult related to the type and accuracy of testing available. A "rapid influenza diagnostic test" can provide a result in 30 minutes or less.

Unfortunately, the ability of this test to detect the flu can vary greatly.

Influenza Modes of Transmission:

- Traditionally, influenza viruses have been thought to spread from person to person primarily through large-particle respiratory droplet transmission (e.g., when an infected person coughs or sneezes near [6 feet or less] a susceptible person).
- Indirect contact transmission via hand transfer of influenza virus from virus-contaminated surfaces or objects to mucosal surfaces of the face (e.g. nose, mouth, eyes) may be possible.
- Airborne transmission via small particle aerosols near the infectious individual may also occur; however, the relative contribution of the different modes of influenza transmission is unclear.

Influenza Vaccine:

AdventHealth enforces a mandatory administration of influenza vaccine for all associates, medical staff (physicians, non-employed residents, fellows, interns, externs), volunteers, contract workers, students, vendors and other affiliates. If you do not obtain your vaccine at AdventHealth Hendersonville, you must provide proof of vaccination in the form of documentation to the Medical Staff Office.

Associate Health offers influenza vaccine free of charge during flu clinics every fall. Any member of the AdventHealth workforce (listed above) who does not receive the flu vaccination because of a medical or religious exemption will be required to wear a mask.

Patient Rights - Grievance Resolution

Every patient receives a copy of the Patient's Bill of Rights during the admission process.

Patients who are not happy with their care can go through the Grievance Process by contacting our Patient Experience Department at **828-681-2781**.

Respect

- Wear your name tag – be sure it is visible.
- Knock on doors before entering patient rooms.
- Introduce yourself to patient/family.

Solve Problems

- It is everyone's responsibility to try to resolve complaints.
- Use the **ACT** model. If you are unable to resolve the issue yourself, notify the department leader.

A **APOLOGIZE / ACKNOWLEDGE**

- Acknowledge the issue or concern promptly
- Ensure understanding of the issue
- Empathize: Put yourself in their shoes.
- Words matter "I'm sorry that happened." NOT "I'm sorry you feel that way."
- Don't blame others in your apology

C **CORRECT**

- Tell what you will do.
- Act.
- Keep the person informed.
- Follow up with a resolution

T **THANK**

- Thank the person for their feedback and the opportunity to make things better. Seek to regain trust.

Why ACT? When we are caring for those we serve, we should always treat them like loved ones, no matter the circumstances, and when we see or hear of an issue, it is our responsibility to act, right in the moment. Taking ownership is the first step, then you can utilize ACT, our service recovery model to fix the situation.

Patient Rights - Interpreter Services

Communication

- If a patient is not English speaking, we should not use family or friends to interpret. A qualified interpreter should always be used via service through Stratus over an iPad or telephone.
- The iPads for interpreters are on rolling stands and located in most patient care areas throughout the hospital. Ask the nurse on your unit for assistance.
- The Stratus system can interpret for any foreign language.
- In-person interpreters for foreign language or deaf services can only be requested if the patient has refused the iPad service. We use a contracted local company to provide this service and the service can only be requested by Patient Experience department staff at **828-681-2781** or the Administrative House Supervisor at **828-681-5671**. We must have the patient name, date of birth, and contact number when scheduling these services.

- In order to comply with the American with Disabilities Act, we must offer/provide interpreter services for patients who need assistance.

I.T. Interruptions

- The computer system may go down during power outages, during scheduled/unscheduled and/or emergency situations in the system.
- Units have downtime manuals and downtime reference guides that reflect the downtime procedures that are to be followed.
- To obtain patient lists during a downtime, contact a member of the clinical informatics team.
- Providers are to ask the nursing staff to print any needed patient information (labs, clinical documentation, medication lists, etc.) from the 724 on each unit.

Joint Commission National Patient Safety Goals & Focus on Safety

The Joint Commission has defined several National Patient Safety Goals and standards that focus on Patient Safety.

Below is an overview of some of the highlights.

Use at least two patient identifiers:

- Use two identifiers (NAME & DATE OF BIRTH) when administering medications and blood, collecting specimens, providing care/treatment or procedures.
- Label blood and other specimens in the PRESENCE of the patient.

Eliminate transfusion errors:

- Match blood or blood component to the order.
- Match the patient to the blood or blood component.
- Use a two-person verification process.

Report critical results timely:

- Critical results must be reported to the physician within 60 minutes.

Label all medication containers:

- Any medication/solution that is removed from its original container and not immediately administered to the patient must be labeled.
- Label must include medication name, strength, quantity, diluent and volume, as well as the expiration date, if not used within 24 hours, and the expiration time when expiration occurs in less than 24 hours.
- Verify labeling verbally and visually when the person preparing the medication is not the person administering the medication.
- Medication reconciliation:
- Obtain current medication history upon admission. Complete within four hours of admission.
- Reconcile home and hospital medications upon admit and discharge.
- Admit reconciliation to be completed within 24 hours of admission.
- Provide the patient with a written list of medications at discharge.

Alarm Safety:

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Reduce the risk of health care-associated infections:

Hand washing! Hand washing! Hand washing!

Prevent health care-associated infections due to multi-drug resistant organisms (MDROs):

- The most frequently identified MDROs are methicillin resistant staph aureus (MRSA), vancomycin resistant enterococcus (VRE) and extended-spectrum beta lactamase (ESBL) producers.
- Apply appropriate isolation for infected/ colonized patients.
- Educate patient/family on infection prevention strategies.
- HAND WASHING!

- Properly clean equipment between patient use.
- Implement evidence-based practices to prevent central line-associated bloodstream infections (CLABSI):

Insertion:

- Prior to insertion, educate patient/family about CLABSI infection prevention
- Use Central Venous Catheter Checklist (IView > Procedure/Moderate Sedation)
- Avoid use of femoral vein

Maintenance:

- Care provider hand hygiene
- Scrub the hub
- Dressing/tubing changes according to evidence-based protocol
- Use of a CHG impregnated sponge at insertion site
- Patient/visitor hand hygiene
- Nurse empowerment to STOP and/or redirect care
- Daily CHG bathing
- Daily review of catheter necessity

Implement evidence-based practices for preventing surgical site infections:

- Educate patient/family undergoing a surgical procedure about surgical site infection prevention.
- Antibiotic administration (within one hour, appropriate to type of procedure, discontinuing within 24-48 hours, depending on procedure)
- Proper hair removal (clip, do not use razor)
- Controlling blood glucose levels
- Maintenance of perioperative normothermia for colorectal patients
- Hand washing! **Every** patient, **every** entry, **every** exit, **every** time!
- Pre-op CHG bathing and post-op daily CHG bathing until discharge

Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections:

- Insert catheter only for appropriate indications.
- Insert and maintain using aseptic technique.
- Secure catheter.
- Assure unobstructed urine flow and drainage.
- Daily assessment for continued necessity, remove promptly.

Identify patients at risk for suicide:

- Screen all patients with a primary behavioral health diagnosis for suicide risk.
- Consult BH for patients identified with risk.

Universal Protocol:

Conduct a pre-procedure verification process.

- Verify correct procedures for the correct patient at the correct site.

Mark the procedure site.

- Mark site when there is more than one possible location for the procedure, e.g. laterality, spinal regions, digits.
- Physician performing the procedure shall mark the site.

A time out is performed before the procedure.

- A time out shall be performed prior to beginning procedure after all other activity is suspended.
- Time out requires active involvement from ALL members of the procedure team
- Verify patient identification, procedure, procedure site, accurate procedure consent, and team agreement on procedure to be done.
- Address any discrepancies before starting the procedure.

Organ Donation

AdventHealth requires that:

- No discussion of donation should occur with the family. This may only be done by the professional requestors affiliated with LifeShare Of The Carolinas (aka LifeShare).
- All associates are sensitive and respectful of patients' and visitors' views and beliefs towards donation.

Imminent Death Criteria:

Imminent death is defined as a situation in which a ventilator-dependent patient with a severe acute brain injury and any of the following:

a. Clinical triggers: A Glasgow Coma Scale of </= 5, ventilator neuroinjury, or an equivalent assessment and family requests to discuss donation;
b. Physician is evaluating a diagnosis of brain death, or
c. Family or physician discussing a change in the Plan of Care towards withdrawal of ventilator support or life-sustaining therapies.

- LifeShare is notified of all deaths within one hour, as well as imminent deaths, prior to the withdrawal of any life-sustaining therapies, by the Administrative Supervisor or charge nurse at **800-932-4483**.

When family initiates donation discussion:

- **What to say to patients' families:**
- If families approach staff about options of donation, reply with, "I will contact a coordinator that deals with end-of-life decisions to speak with you and answer your questions."

What to say to the LifeShare On Call Requester:

- Make sure the first thing you mention to the LifeShare Requester is that the patient's family initiated/brought up donation and has questions only they can answer.

Why must you call LifeShare?

Donation is not a yes/no question. LifeShare requesters are trained to answer questions and develop trust. Per CMS Conditions of Participation (as outlined in the hospital policy), families should only be offered donation options by a designated organ procurement organization (OPO) such as LifeShare.

AdventHealth Responsibilities in Organ Removal

a. All patients are hemodynamically supported in a manner that maintains the viability of organs until they are evaluated as potential donors. Potential donors are identified and declared dead within an acceptable time frame by an appropriate practitioner.
b. AdventHealth Hendersonville is responsible for providing the necessary personnel, equipment and supplies to assist in organ removal. A nurse anesthetist or anesthesiologist will be provided.

Remember:

- LifeShare will determine the potential for tissue or organ donation. Many people may be potential donors who you would not initially think would be, so do not assume!
- The option of organ donation will be made by an on-site LifeShare Organ Recovery Coordinator after a brain death note has been written or the family has decided to withdraw life-sustaining therapies.
- The option of tissue and eye donation will be offered via telephone by a LifeShare Professional Requestor.
- LifeShare screens over the phone with the hospital's point of contact (POC) to evaluate all patients for the potential of tissue and eye donation.
- The Hospital's Point of Contact (POC) to evaluate all patients for the potential of tissue and eye donation.
- If still considered suitable, the Requestor will attempt to assess the family dynamics and speak with the family.
- The release of the body, or phone calls to funeral homes do not occur prior to final determination of donation status and the POC notified by the LifeShare Requestor.
- Organ donation is the gift that can save many people's lives.
- Giving the patient the opportunity to consider donation is a lawful action.

Determination of Death

a. The determination of death of a potential donor remains a clinical decision of the attending physician. The declaration of death must be made in accordance with state law and must be made by a physician who is not a member of the transplant or procurement team.
b. The patient must be declared dead by neurological or cardio-pulmonary determination before the recovery of organ can commence.

In a Medical Examiner case, the death should be reported to the Medical Examiner by the hospital staff. The ME must give consent for donation; consent is documented by LifeShare.

Additional information may be found in the Organ, Cornea and Tissue Procurement-LifeShare Of The Carolinas, updated 08.2018.

Pain Management

Assessment/Reassessment

- All patients are assessed for pain.
- The identification and treatment of pain is a vital component of the patient's plan of care.
- If pain exists, the LIP either treats the pain or refers the patient for treatment.
- AdventHealth Hendersonville utilizes methods that are consistent with the patient's age, condition and ability to understand.

Pain Scales Utilized:

- Adults/Children Capable of Using Numbers: 0–10 Numeric Rating Scale
- Adults and Children: "Faces"
- Elderly Patients unable to articulate their needs: ABBEY Pain Scale
- Infants up to 3 years: FLACC
- Newborns: NIPS
- Intubated patients: CPOT

Orders for Pain:

- PRN symptom must be indicated (e.g. "PRN pain")
- If multiple pain medications are ordered, each order must define how the medication is to be used. E.g. prn mild pain, prn moderate pain, prn severe pain when tolerating PO.

Pain scales and orders must be consistent:

- Mild pain = 1-3
- Moderate pain = 4-7
- Severe pain = 8-10
- Narcotics are not to be ordered for Mild pain, as this can be treated with less addictive medications.

Range Orders:

- In the State of North Carolina, it is NOT within the RN scope of practice to administer range order medications.
- Dosage ranges are NOT acceptable.
- Frequency ranges are NOT acceptable ("q 2-4 hours" is entered as "q 2 hours").
- Open-ended orders without an upper limit are not acceptable (e.g. "titrate to comfort").

Therapeutic Duplication:

- Any time more than one medication is ordered for the same PRN indication, prescriber must provide clear directions for medication administration. The following examples represent acceptable orders:

1. "Give prochlorperazine if ondansetron does not relieve n/v within one hour"
2. "May administer IV morphine if HYDROcodone is ineffective or if patient is not tolerating PO medications"
3. "May use ibuprofen to augment opioids for pain control" (multimodal analgesia is encouraged).

Placebos

Are unacceptable for purposes of treatment or diagnosis (restricted to approved clinical trials with informed consent only).

Patient Falls

Falls that result in injury are considered to be a hospital acquired condition and a “never event”.

Fall definition:

A sudden, unintentional descent, with or without injury to the patient, that results in the patient coming to rest:

- on the floor
- on or against some other surface (e.g., a counter)
- on another person
- on an object (e.g., a trash can).

Types of Falls:

Accidental falls include patient slips, trips or other mishap.

Physiological falls are classified as unanticipated or anticipated.

Physiological falls are falls attributable to one or more intrinsic, physiological factors.

Physiological falls include:

- Falls caused by a sudden physiologic event such as hypotension, dysrhythmia, seizure, TIA or stroke
- Falls occurring due to side effects of known “culprit drugs” (e.g., CNS-active drugs and certain cardiovascular drugs)
- Falls attributable to some aspect of the patient’s physical condition such as delirium, intoxication, dementia, gait instability or visual impairment.

Physiological falls are classified as unanticipated or anticipated.

- Unanticipated physiological falls: These are falls that may be attributed to physiological causes but are created by conditions that cannot be predicted before the first occurrence – seizure, fainting, stroke, MI.
- Falls cannot always be prevented from occurring the first time.

Anticipated physiological falls:

- These are falls that occur with patients identified as “at risk of falling” on the Morse Fall Scale, related to age and functional ability, disease(s), previous fall(s), weak or impaired gait and lack of realistic assessment of their own ability.

Injury Risk – ABCS

Patients at high risk for injury due to a fall are identified by the ABCS acronym:

A = Age: >85 years old or frail due to clinical condition
B = Bones: bone problems, e.g. osteoporosis, previous fracture or bone density medications
C = Coagulation: bleeding disorders, e.g. anticoagulants or clinical conditions
S = Surgeries: e.g. new lower limb amputation; recent, major abdominal/thoracic surgery

Patient/Family Education

- Education: Educate patient about fall risk and clarify patient's role in prevention.

Teach-back: Patient "teaches back" what he understands about risk and how he can prevent a fall. Ask the patient to repeat in their own words what they need to know or do, in a non-shaming way. It is how well you explained the concept. This is a chance to check for understanding and if necessary, re-teach the information

Toileting

Toileting is the number one reason for falls in the hospital.

Toileting is a component of intentional hourly rounding, which is a strategy to aid in reducing falls

Medications and Falls

Medication Review: Medications may contribute to falls or increase risk of injury from a fall. Review your patient's meds and identify which meds may cause sedation, urgent need to urinate and hypotension with position changes to name a few. Anticoagulants and antiplatelet medication may increase a patient's risk of injury if they fell. Tailor interventions to your patient's specific needs, for example: toileting schedule if on diuretic, low bed with mats if at risk for injury and patient education on position changes.

Pharmacy Consult: Consider a consult to pharmacy when the fall-risk score is 45 or greater and the patient is on any of the following medication classes: anxiolytics, antidepressants, antipsychotics, narcotic analgesics, sedatives or hypnotic-narcotic analgesic combinations.

Half-lives of medications: See CNS agents and half-life resource on *Connect*.

Improving Performance/Quality

Constantly trying to improve the care and service we provide is an important goal for all of us.

We know most of the work in any department is guided by a set of steps or by a process. In fact, there are many processes we use each day to carry out our work. Improving the steps of our processes is one of the best ways to reach our goal of continuous improvement.

We provide quality to our patients when we:

1. Reduce unwanted variation in our work so we get consistent results;
2. Deliver services to meet customer needs and expectations and;
3. Design our work procedures so they help us do things right the first time. Improvement of any kind happens by the effort of both individuals and teams. In order to get the most out of our improvement actions, we need to use standard problem-solving methods. The problem-solving methods used at AdventHealth Hendersonville are:

Lean principles:

- Rapid Improvement Project (Kaizen)
- Value Stream Mapping
- 5S (Organizing the work environment for efficiency)
- A3 (A single page problem mapping and solving tool)
- Visual Management
- Huddle Boards

PDCA (Plan-Do-Check-Act)

RCA2 & HFACS (Root Cause Analysis & Actions & Human Factors Analysis and Classification System)

- **Post event analysis**

FMEA (Failure Mode & Effects Analysis)

- **Proactive risk assessment**

Radiation Safety

AdventHealth Hendersonville is committed to keeping individual and collective radiation doses

As Low As Reasonably Achievable (ALARA).

All associates should utilize the following safe radiation practices whenever and wherever indicated:

- Limiting time
- Increasing distance
- Utilizing shielding

Radiation Exposure Measurement:

- Employees that work directly with radiation emitting equipment or radioactive materials are issued personal radiation monitoring devices that are exchanged quarterly.
- The badge shall be worn at the collar.
- If a lead apron is worn, the badge shall remain outside the apron.
- The Radiation Safety Officer reviews badge records quarterly.
- If an individual has a HIGH READING, they are notified, and the associate signs and dates the notification that they have been notified of the high reading.

Caution Signs and Labels:

- Entrance to Nuclear Medicine will be marked with radiation symbols bearing the words “Caution, Radioactive Materials”.
- Diagnostic Imaging rooms where radiation is in use will be marked with appropriate signage
- The following guidelines will be observed in response to contact with unidentified radioactive sources:
- If a syringe, needle, etc., is identified with the radiation symbol - Do not touch or disturb.
- Call the Nuclear Medicine Department at ext. **2186** for evaluation and decontamination of the area.
- The Nuclear Medicine Department will contact the Radiation Safety Officer.

Radiation Protection and Safety Policies:

- AdventHealth is responsible for radiation safety and for assuring that radiation sources under its jurisdiction are used only by persons competent to use them.
- AdventHealth is responsible for providing the instruction to personnel in safe operating procedures and for issuing rules for radiation safety and protection.
- A radiation worker must formally declare pregnancy in order for AdventHealth to provide a fetal badge and monitor fetal exposure.

Review: **Please review the Radiation Protection Program for complete details. It is located on the Connect.**

Rapid Response

Purpose:

- Patients often exhibit observable signs of deterioration prior to cardiopulmonary arrest.
- Early recognition and rapid response to these signs (rescue) reduces arrests and promotes timely, appropriate transfer to a higher level of care.

Goal:

The Rapid Response team strives to reduce the number of cardiopulmonary arrests by bringing critical care expertise to the bedside.

Team Members:

- Critical Care RN and/or Patient Care Supervisor
- Respiratory Therapist
- Emergency Department RN
- Physician

Activate the Rapid Response Team when:

- You are worried about the patient
- Feel something isn't right
- There are significant changes in the patient's condition that can't be explained
- Clinical triggers indicate a change in patient condition requiring urgent attention.

The Rapid Response team will respond to all areas of the hospital 24 hours a day, seven days a week. Dial ext. **5555**.

Red Blood Cell Transfusion Criteria

Red blood cells transfusion is indicated for patients with symptomatic anemia.

Symptoms Include:

- Chest pain felt to be cardiac in origin
- Dyspnea
- Exercise intolerance
- Near syncope
- Orthostatic blood pressure changes
- Tachycardia (HR >110-130 or >120-130% if baseline)
- Unresponsive to fluid resuscitation

Indications:

- Hypovolemia and reduced O2 carrying capacity due to acute blood loss
- Rapid acute hemorrhage without immediate control
- Acute loss of at least 15% of estimated blood volume with evidence of inadequate oxygen delivery following volume resuscitation
- Hemodynamically stable patient, Hemoglobin level <7g/dL
- Hemoglobin level <8 g/dL in peri-operative period after cardiac or orthopedic surgery
- Pre-existing cardiovascular disease, hemodynamically stable, Hemoglobin < 8
- Exchange Transfusion
- Red Cell Exchange
- Sickle Cell crisis

Contraindications:

- Evidence is insufficient for definitive recommendation regarding a restrictive or liberal transfusion strategy for acute coronary syndrome, severe thrombocytopenia due to oncologic or hematologic etiology with increased bleeding risk, and chronic transfusion dependent anemia.

Reporting Abuse

All licensed health care personnel shall report disabled adult/elder and child abuse as mandated by North Carolina Statute.

Any health care personnel who observes, knows or reasonably suspects abuse or neglect must report to the Department of Social Services.

To report child and elderly abuse/neglect, contact:

- Henderson County Department of Social Services: **828-697-5572**
- Buncombe County Department of Social Services: **828-250-5900**

If assistance is needed, contact the Administrative Supervisor. If a report is made, complete an event notification. Document in the patient record that you have reported the case.

Child Abuse

Similar to other cases of maltreatment, many cases of child abuse are not reported to the police. Parents and caregivers are often the abusers of children.

Disabled Adult/Elder Abuse

Disabled, dependent adults are people with physical or mental impairments that prevent them from safely performing daily activities. These individuals, whether cared for at home or in a healthcare facility, are at risk for abuse.

Abuse of dependent or older adults is any form of maltreatment that causes harm or loss to an adult who is dependent on others for care or is older than age 65. Because of aging, many older adults lose their ability to prevent abuse.

Domestic Violence

Women are at high risk for domestic, or intimate partner, violence. This can include physical, sexual and psychological abuse, or threats of abuse. Several types of intimate partner violence may occur at the same time. However, this type of violence usually starts with emotional abuse.

All women of all races are vulnerable to intimate partner violence. About 4.8 million women are victims of intimate partner violence each year.

Risk factors commonly seen in those who commit intimate partner violence are:

- Substance use
- A history of violence during their childhood
- Unemployment or life events that cause stress
- History of violence or aggression

MYTH: Victims can leave an abusive relationship if they want to.

TRUTH:

- Leaving is the most dangerous time in a domestic violence relationship.
- There is a 75% greater risk of being killed by the batterer than those who stay.
- They stay because of hope, love, fear, emotional paralysis, guilt, low self- esteem, economic dependence, isolation and no place to go.

Behaviors of a Potential Abuser

- Acts controlling and dominant toward the patient and/ or staff.
- Is excessively solicitous and resists all efforts to separate him/her from the patient when anyone else is present.
- Is bullying or verbally abusive.
- Accuses the patient of sexual infidelity.
- Attempts or threatens to admit the patient to a psychiatric facility and attempts to convince others that the patient is insane.
- Acts calm, respectable and patronizing toward the patient when others are present. Acts angry, hostile and/or aggressive or ignores the patient when they are alone.

Behaviors of a Potential Victim

- When you care for, treat or provide a service to patients, notice how they interact with family members or caregivers.
- Watch the patient for signs and symptoms of fear.
- If the patient hesitates or seems afraid to state how an injury happened or waits for a caregiver or family member to explain how an injury occurred, you should investigate the matter thoroughly because this may be a sign of abuse.

North Carolina Law:

- A health care professional can only mandatorily report DV if there has been a gunshot wound, stab wound, poisoning or life-threatening injury.
- Domestic Violence is against the law in North Carolina. Victims can pursue criminal charges by contacting law enforcement.
- Buncombe County Sheriff: **828-250-4503**
- Henderson County Sheriff: **828-697-4596**

Respiratory Protection

Respiratory Hazards:

- Medicines
- Disinfectants
- Chemicals
- Anesthetic gases
- Formalin (Formaldehyde)
- Biological – (examples: TB, SARS, Influenza)

Respiratory Protection

- AdventHealth Hendersonville gives protection to all associates from breathing risks depending on the risk.
- Surgical masks
- Powered Air Purifying Respirators (PAPR)
- N95 respirators

Protection Levels:

- Surgical mask – Droplet or Contact Isolation (examples: MRSA/VRE in sputum, influenza, bacterial meningitis)
- N95– Airborne and Special Isolation (examples: TB, SARS, Avian Influenza aerosolizing procedures)
- PAPR – Chemical spills, emergency response, airborne illness. For training video, visit vimeo.com/33417714.

Storing Respirators:

- Store them in their boxes in a clean, dry and temperature-controlled environment.
- PAPR hoods/N95 used for SARS or Pandemic Influenza must be thrown away after each use.
- PAPR hood used for TB can be used for the entire shift, unless visibly dirty. After first use, store used hood in labeled plastic bag in PAPR/Respiratory Isolation cart. Throw away used hoods when patient is discharged

Restraints

AdventHealth Hendersonville uses restraint only to protect the immediate physical safety of the patient, staff or others.

Physical Restraint:

Any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely. (e.g., four side rails, mitts, vest, bed enclosure).

Restraints for Violent or Self-Destruction Behavior:

Used in case of unanticipated outburst of severely aggressive or destructive behavior that poses an imminent danger to the patient or others (regardless of setting).

Restraints for Non-Violent (Medical/ Surgical) Management:

Used in cases where appropriate measures have been attempted and the patient still exhibits lack of safe behavior.

General Principles:

- Alternatives to restraints should be attempted before restraints are utilized.
- Restraints may not be used unless the use is necessary to ensure the immediate physical safety of the patient, a staff member or others.
- The least restrictive devices must be used.

Physician Orders:

All restraint orders must include:

- Reason for restraint
- Type of restraint needed
- Time limitations for restraint (No PRN orders)
- Non-violent restraints are valid until all ordered restraints are discontinued or until order to discontinue, whichever comes first

Physician Notification and Patient Assessment:

Restraints for Non-Violent Management:

- Physician is notified immediately after restraint is applied.

Restraint use greater than four days to be reviewed by clinical leadership

Restraints for Violent or Self-Destructive Behavior:

- Physician is notified within one hour after restraint is applied.
- Physician or specially trained RN must do a face-to-face assessment within one hour of application of restraint. If RN conducts assessment, she or he must then discuss findings with the physician.
- One hour face-to-face evaluation is performed by charge nurse or ordering provider to comprehensively review the patient's condition and determine if other factors are contributing to the patient's violent or self-destructive behavior.
- Orders for patients >18 years old must be renewed every four hours.
- Orders for patients 9–17 years old must be renewed every two hours.
- Debriefing discussion to take place within 24 hours after restraint release with the patient, staff involved and supervisor

Sepsis

AdventHealth Hendersonville and CMS require that:

- Patients that meet criteria for Severe Sepsis of Septic Shock receive treatment according to the three- and six-hour bundles.

CMS Criteria for Sepsis Diagnosis:

Systemic Inflammatory Response Syndrome
(Two or more)
Heart rate and respirations should be even with Temp and WBC

- Temp > 100.9º or < 96.8ºF
- Heart rate > 90
- Respirations > 20
- WBCs >12,000, < 4,000, or bands > 10%

Simple Sepsis: SIRS + Infection

Severe Sepsis: Simple Sepsis + Organ Dysfunction

- Acute respiratory failure
- Lactic acid > 2
- Creatinine >2
- Bilirubin >2
- Platelets <100,000
- INR > 1.5 or aPTT > 60

Septic Shock: Severe Sepsis with hypotension or lactic acid > 4

Suggested Admission/Transfer:

- PCU if Simple Sepsis or Stable Severe Sepsis.
- Lactic < 4 mmol/L and
- ICU if Severe Sepsis/Septic Shock.
- Hospitalist consult is requested for all patients with a diagnosis of Severe Sepsis or Septic Shock admitted to the ICU.

Three-Hour Treatment Bundle:

- Lactic acid
- Blood cultures x2 (if none in the last 48 hours)
- CMS-approved antibiotics
- Meropenem
- Levofloxacin
- Cefepime
- Ceftazidime
- Ceftriaxone
- Zosyn
- Unasyn
- Augmentin
- Vancomycin

30 mL/kg Normal Saline of either:

- Hypotension (MAP < 65 or SBP < 90)
- Lactic acid > 4 mmol/L

What if my patient cannot tolerate the fluid bolus?

If there is concern about giving a patient the entire 30 ml/kg fluid bolus due to a diagnosis such as CHF or renal failure,

- Provide thorough documentation that supports your decision to use a lesser amount or over a longer period.

Six-Hour Treatment Bundle:

- Repeat lactic acid if first was > 2 mmol/L
- If continued hypotension after fluid bolus, being vasopressor therapy
- Assessment of volume status and tissue perfusion.

What documentation meets the volume status re-assessment?

- Provider documentation including: Vital signs (temp, HR, RR, BP)
- Cardiopulmonary exam
- Capillary refill
- Peripheral pulses of lower extremities
- Skin assessment (color, temperature, dry/moist, rash, etc.).

Serious Safety Events

AdventHealth Hendersonville proactively participates in initiatives that ensure safe care.

In the instance that an unexpected serious safety event occurs, the health care team will respond swiftly to prevent further harm and injury. Through the patient safety and risk management program, the organization will address all serious safety events immediately to promote the most positive outcome possible, investigate the reason for the occurrence, and take any necessary steps to prevent further incidents. AdventHealth Hendersonville encourages clear and compassionate communication with the patient and their family.

Serious Safety Event (definition): any event or condition which may result, has resulted, or could have resulted in an injury to any person. While serious safety events may involve team members, patients, or other individuals, the event or condition usually reflects a variation from customary policy, procedure, or practice that adversely affects patient care.

When a serious safety event occurs that could have been prevented, a root cause analysis is conducted to understand causes where improvements can be made to system and process to prevent recurring events in the future.

DISCLOSURE OF SERIOUS SAFETY EVENTS:

Disclosure of medical errors or deviations from expected outcomes that result in serious safety events can be a troubling moment for both patient and provider or caregiver. These conversations should be guided by the fundamental principles expressed in our Mission and Values Statements. These principles include our commitment to:

- Providing professional health care services.
- Conducting our business in an atmosphere of Christian compassion.
- Respecting the value and dignity of those we serve.
- Treating patients as partners by explaining their care and treatment.

Maintaining a commitment to our mission and values, even in difficult situations, provides the foundation for an internal culture of continuous quality improvement and risk reduction for patients, team members and physicians.

Teamwork

"Over 70% of medical errors and adverse outcomes are caused by a breakdown in teamwork and communication."

Source: The Joint Commission

Teamwork and effective communication improves quality care, patient safety and increases customer and employee satisfaction.

Teamwork, as a means of serving our patients, implies a multi-professional team and a sharing of responsibility.

Teamwork is characterized by:

- Shared goals
- Shared knowledge
- Mutual respect

Each team understands the goals and knows how their strengths contribute on a daily basis. This means each person has some understanding of what other team members do, recognizing and utilizing each discipline's contribution to clinical quality, safe patient care and customer experience.

At AdventHealth Hendersonville, individuals at any level are encouraged to "Stop-the-line" for safety and speak up if something doesn't seem right. This communication should be both respectful and respected. It takes a team to identify and prevent medical errors. If a staff member shares a concern or worry for patient safety, please pause to perform a safety check.

Hand-off Communication:

"It has been estimated that 80% of serious medical errors involve miscommunication during the hand-off between medical providers. The majority of avoidable adverse events are due to the lack of effective communication." *Source: Healthcare Inspirations*

Use a standardized approach to "hand-off" communication by using the SBAR format to organize and present information:

- Situation
- Background
- Assessment
- Recommendation

CMS Star Rating

CMS publishes hospital quality star ratings on Hospital Compare to help patients choose a hospital based on quality performance. Overall hospital quality star ratings are released twice per year, in July and December.

CMS uses a composite of 57 distinct quality metrics from the Hospital Inpatient Quality Reporting (IQR) Program and Hospital Outpatient Quality Reporting (OQR) Program. The scores are based on hospital performance in seven different categories, as shown in the table below. The agency then calculates an overall hospital score by weighting and aggregating the individual category scores. Finally, star ratings are assigned based on overall ranking. For instance, in the December 2017 ratings, 9.1% of eligible hospitals received 5 stars, 31% received 4 stars, 32% received 3 stars, 20% received 2 stars, and 7% received 1 star. AdventHealth Hendersonville is currently a 4-star-rated hospital.

CATEGORY	CATEGORY WEIGHT	EXAMPLES OF INCLUDED METRICS	NUMBER OF METRICS
Mortality	22%	30-day mortality rate for patients suffering from a heart attack or receiving coronary artery bypass graft surgery	7
Readmission	22%	30-day readmissions rate for patients suffering from a heart attack or receiving coronary artery bypass graft surgery	8
Safety of Care	22%	Catheter-associated urinary tract infection rate Overall *Clostridium difficile* infection rate	9
Patient Experience	22%	Patient's perception of information communicated by doctors and nurses.	11
Effectiveness of Care	4%	Patient and caregiver were offered influenza immunization	10
Timeliness of Care	4%	Time taken for various events in the emergency department, such as time from arrival to discharge.	7
Efficient Use of Imaging	4%	Assess the clinical necessity of imaging	5

Leapfrog Safety Grade

- Each year, The Leapfrog Group asks every acute-care hospital in the U.S. to voluntarily complete the Leapfrog Hospital Survey. The Leapfrog Group's standards are updated annually to reflect the latest science and are designed to drive better outcomes for patients. Leapfrog uses the survey data to track and share hospitals' progress on key issues of safety and quality.
- The Leapfrog Hospital Safety Grade uses national performance measures from the Centers for Medicare & Medicaid Services (CMS), the Leapfrog Hospital Survey, the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), and the American Hospital Association's Annual Survey and Health Information Technology Supplement.
- Taken together, those performance measures produce a single letter grade representing a hospital's overall performance in keeping patients safe from preventable harm and medical errors. The Safety Grade includes 27 measures, all currently in use by national measurement and reporting programs.
- AdventHealth Hendersonville has earned the highest grade recognition for its efforts and results in health care safety.