

POLICY AND GUIDELINE

TOMAH HEALTH

Tomah, Wisconsin 54660

EFFECTIVE DATE: 12/5/2024

DIVISION: Leadership

P&G #: 100-MSF-015

ORIGINATION DATE: 08/09

TITLE: Orientation of Credentialed Provider

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Author DATE: _____

Approved By: _____ DATE: _____
Administrative Team Leader

Medical Staff President DATE: _____

INVOLVES

Administration, Medical Staff, Patient Care Services, Quality Services, Infection Prevention, Fire/Safety, Health Information Services, Information Technology Services

PURPOSE

To provide an overview of facility services to a new credentialed health care provider, to ensure good communication between provider and staff as to facility processes and information, and to enhance patient quality and safety.

POLICY

Tomah Health (TH) will provide a facility orientation to a new credentialed health care provider as noted in the Medical Staff Bylaws, Rules and Regulations.

GUIDELINES

Hospitals departments/services description listing included at the end of the document.

TOMAH HEALTH
Tomah, Wisconsin

ORIENTATION FOR CREDENTIALALED HEALTH CARE PROVIDER

SPECIALTY/DEPARTMENT

Anesthesia	Hospitalist	Optometry	Radiology
Cardiac and Pulmonary Rehabilitation	Internal Medicine	Orthopedics	Sleep Medicine
Cardiology	Nurse Midwifery	Otolaryngology	Speech Language Pathology
Cosmetic Surgery	Nurse Practitioner	Pathology	Surgery
Emergency Medicine	Obstetrics-Gynecology	Pediatrics	Urgent Care
Family Practice	Occupational Therapy	Physical Therapy	Urology
Gastroenterology	Oncology	Physician Assistant	Vascular Surgery
Hospice/Palliative Care	Ophthalmology	Podiatry	Warrens Clinic

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I. MISSION / VISION / VALUES

MISSION: To provide superior healthcare services to those who are sick or injured and offer services that support a healthy life.

VISION: To support our mission, we will utilize affordable and the most appropriate technology supported by highly skilled staff and coordinate services with others to meet the needs of each patient.

VALUES:

1. We will define and use best practices and are committed to continuous quality improvement.
2. We will employ staff and collaborate with providers committed to the healing arts and to “First Do No Harm”.
3. We will treat everyone with compassion, dignity and respect.
4. We are committed to maintaining integrity and professionalism in our work with staff, providers, and those we do business with.
5. We value the trust individuals have given us to do the right thing every time and are committed to meeting that trust.

Making a Difference

One of our top priorities is patient experience. A positive patient experience is the result of quality, compassionate care. So, how do we do that?

AIDET:

A = Acknowledge: Acknowledge the patient; after all, we are here because of them.

I = Introduce yourself: Let the patient know who you are, what you do, and maybe even a little about yourself. You have the advantage and know everything about them wouldn't you want to know more about the person that is going to provide you with your healthcare?

D = Duration: Let the patient know what to expect, what you are going to do, how long the test will take or when the family can expect their loved ones to be brought back to them. This is a common courtesy.

E = Explain: Let the patient know what to expect, what you are going to do, how you plan on doing it and answer their questions. They have a right to know and it helps reduce their anxiety.

T = Thank you: Thank them for having the trust in our organization, and you, to provide their care. This is a common courtesy.

Using AIDET does not have to sound like a commercial or you reciting your personal history. The goal is to put our patients at ease and this is one way to do so.

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ROUNDING:

Rounding is a tool that is designed to improve communication and identify needs as soon as possible. Hourly rounding on patients lets them know that we care. It also allows us to meet their needs before they have to ask. This gives us better control of our time and fewer trips to answer call lights (fewer interruptions).

Rounding on staff helps all of us understand the roles each of us plays in the care of our patients. We tend to focus only on what we need to do. By rounding on each other, we can understand that what all of us do has an impact on each other and our patients. Rounding helps us be more of a team with a focus on helping all of us do a better job.

CALL BACKS:

By reaching out to patients after they leave, we have another opportunity to answer questions, get feedback on the services we provided, and once again let them know that we care. It has been demonstrated that call backs can catch post-discharge complications early on. Things we look to avoid with call backs are readmissions, infections or confusion on the treatment plan. A few minutes on the phone to a concerned patient or family member goes a long way.

There are many things that we can do to make our patients' visits to TH just a little bit less anxious. These few techniques show we care and have common courtesy, something we all expect.

When dealing with each other, we also expect common courtesy and a "Code of Conduct". The Medical Staff has adopted a Code of Conduct, which provides guidelines for professional behavior. Please read it, follow it and make TH a better place because of it.

II. KEY PERSONNEL CONTACT LIST

ISSUE	CONTACT PERSON	EXT	TEL. #	E-Mail Address
Patient Experience	Kayla Mobley	8690	377-8693	patientexperience@tomahhealth.org
Quality Improvement	Kayla Mobley	8690	377-8690	kmobley@tomahhealth.org
Incident Reports/Clarity	Liz Johnson	8696	377-8696	ejohnson@tomahhealth.org
Compliance	Tracy Myhre	8682	377-8682	tmyhre@tomahhealth.org
Risk Management	Tracy Myhre/Liz Johnson	8696		tmyhre@tomahhealth.org or ejohnson@tomahhealth.org
Computer & Communication Systems Telephones	Information Technology Services	8670	377-8670 Option #2 Emergency After Hours #3	helpdesk@tomahhealth.org hlaudon@tomahhealth.org (Director)
Sleep Room	Emergency Services Staff	4476		
Community Outreach Program	Whitney Sanjari	8615	377-8615	wsanjari@tomahhealth.org
Initial/Reappointments Orientation (medical staff, medical/APP student, resident, fellow) Proctoring (FPPE) Privilege Forms Life Certifications Medical Staff Roster Medical Staff Bylaws	Medical Staff Office Credentialing Specialist	8685	377-8685	credentialing@tomahhealth.org or cpellegrini@tomahhealth.org

CME allotments and balances				
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KEY PERSONNEL CONTACT LIST – continued

HIS/Med Staff Library/Dictation/ Release of Information	HIS Director	8610	377-8600	mriffle@tomahhealth.org
Dietary Referral	Registered Dietitian	8622	377-8622	sbrandt@tomahhealth.org
Social Service Swing Bed Respite Care Observation Utilization Review	Social Services Utilization Review	8443 8441	377-8443 377-8441	aburkhalter@tomahhealth.org klaylan@tomahhealth.org cfinnigan@tomahhealth.org urgroup@tomahhealth.org
Infection Prevention	Infection Preventionist	8455	377-8455	jcornell@tomahhealth.org or deptinfectionprevention@tomahhealth.org
Building Issues	Facility Services Director	8287	377-8287	slogging@tomahhealth.org
Lab	Lab Director	8297	377-8296	kbaldwin@tomahhealth.org
Clinical Care Nursing Care Acute Care Services Pharmacy Services	Chief Clinical Officer/Chief Nursing Officer Associate Chief Nursing Officer Acute Care Services Director Acute Care Ward Secretary Pharmacy Services Director	8682 8697 8445 8440 8407	377-8682 377-8697 377-8445 377-8440 377-8407	tlmyhre@tomahhealth.org clord@tomahhealth.org jbuswell@tomahhealth.org tchapman@tomahhealth.org
Women’s Health Services Infusion Services Hospice & Palliative Care Emergency Services/UC Warrens Clinic Surgical & Endoscopy Services Specialty Clinic	Director of Women’s Health Women’s Health Nurse Desk Director of Infusion Services Infusion Services Nurse Desk Hospice Director Emergency Services Director Warrens Clinic Director Surgical & Endoscopy Director Specialty Clinic Director	8402 8400 8453 8452 8704 8282 8780 8530 8219	377-8402 377-8400 377-8453 377-8452 377-8704 377-8282 377-8780 377-8530 377-8219	tschroeder@tomahhealth.org kkettle@tomahhealth.org swilliams@tomahhealth.org sdowning@tomahhealth.org ehemmersbach@tomahhealth.org bburbach@tomahhealth.org sburke@tomahhealth.org
Imaging Services	Imaging Director	8240	377-8240	jkennedy@tomahhealth.org
Rehab Service/Referrals Physical Therapy Occupational Therapy Speech Therapy Cardiac & Pulmonary Rehab Pulmonary Services	Rehab Services Director Rehab Services Coordinator Speech Therapist Clinical Exercise Physiologist Pulmonary Services Director	8360 8354 8354 8353 8359 8675	377-8360 377-8354 377-8353 377-8359 377-8675	tkortbein@tomahhealth.org ewall@tomahhealth.org mkenedy@tomahhealth.org ssteele@tomahhealth.org scole@tomahhealth.org
Fire, Safety and Emergency Preparedness, Emergency Management	Emergency Preparedness Specialist	8218	377-8218	jnewlun@tomahhealth.org

III. GENERAL INFORMATION

TH is a 501(c)3 not-for-profit organization. The community has a vested interest in the operations of the hospital. The Board of Directors is then ultimately responsible to the communities in its patient service area. The Hospital became licensed as a Critical Access Hospital in 2002, which allows for greater reimbursement from federal programs.

A. Visit us on the web at www.tomahhealth.org or our up to date news page on HealthConnect.

B. Organizational Structure Chart

The Chief Executive Officer (CEO) is the individual designated by management contract with HealthTech Management. HealthTech Management and the TH Board of Directors select the Administrator who handles day-to-day operations at the hospital. There are two positions under the CEO: Chief Financial Officer (CFO) and a Chief Clinical Officer/Chief Nursing Officer (CCO/CNO).

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The hospital departments are arranged under one of the three executive team members. The Associate Chief Clinical Officer (ACNO) is a branch under the CCO/CNO. Please feel free to contact any member of the executive team for assistance.

C. Management Contract / Independent Hospital

TH is an independent hospital under direct supervision and control by its Board of Directors, although it operates with a management agreement with HealthTech Management.

D. Corporation Membership/Voters/Board of Directors Election

The hospital is a 501(c)3 corporation. It has a self-perpetuating board. The Board is made up of eight individuals who can serve up to two three-year terms. There are an additional two members that represent the medical staff. The Chief of Staff and one member at large (nominated by the medical staff) make up the two remaining seats for our ten-member board.

E. Patient Bill of Rights & Responsibilities (*refer to policy 100-Gen-06*)

Patients have the right to expect quality health care from the appropriately credentialed, contracted or hired professionals at or through TH. Please review the full content of the Patient Rights & Responsibilities. It is important that the patients receive the level of care that is expected with paramount professionalism. Patients have the responsibility to share the appropriate information and work in cooperation with hospital staff in the course of their treatment to make their health care experience most beneficial.

(Wisconsin Statutes, Chapter 50 Section 50.375 requires hospitals to provide a victim of sexual assault with specific information, and upon the victim's request, emergency contraception).

Hospitals that fail to comply with these requirements are subject to a forfeiture of not less than \$2,500 or more than \$5,000 for each violation. The law requires a hospital that provides emergency services to a victim of sexual assault to do all of the following:

- Provide the victim with medically and factually accurate and unbiased written and oral information about emergency contraception and its use and efficacy.
- Orally inform the victim of her option to receive emergency contraception, her option to report the sexual assault to a law enforcement agency, and any available options for her to receive an examination to gather evidence regarding the sexual assault.
- Immediately provide emergency contraception to the victim upon her request, in accordance with instructions approved by the federal food and drug administration. If the medication is taken in more than one dosage, the hospital shall provide all subsequent dosages to the victim for later self-administration.

The law requires a hospital that provides emergency care to ensure that each hospital employee who provides care to a victim of sexual assault has available medically and factually accurate and unbiased information about emergency contraception. No hospital is required to provide emergency contraception to a victim who is pregnant, as indicated by a pregnancy test. **In the event you are not able to comply with the requirements for moral, personal or religious reasons, you are responsible to contact another provider who is able to comply with the law.**

F. Medical Staff Credentialing Process

Application Process

Application for membership on the medical staff is made by a request from the health care provider to the hospital. The medical staff credentialing specialist initiates an application process with the health care provider in cooperation with a contract centralized credentialing service. The credentialing process is a cooperative effort with the credentialing service and TH. The process is further spelled out in the Medical Staff Bylaws. All questions relating to the application and credentialing process can be directed to the medical staff credentialing specialist at TH. Focused Professional Practice Evaluation (FPPE) proctoring is put into place for all initial appointments to the medical staff. This process can include a review of records, direct observation and/or discussions with peers/staff.

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Contract Centralized Credentialing Service

In order not to duplicate and to centralize medical staff application and credentialing processes, the Hospital contracts with a credentialing service. The credentialing service follows standards related to the Hospital's TJC (The Joint Commission) accreditation status.

Support Staff of Outreach Specialist

Any support staff of a credentialed provider brought into this facility must go through this facility's non-employee orientation and provide supporting documents as requested according to policy regarding the Human Resource and Credentialed Provider processes in place. The Credentialed provider must notify the department director involved of any support staff brought to the facility for this to occur.

IV. QUALITY / PUBLIC RELATIONS

A. Public Relations / Customer Service / Hospital Image

Public relations/customer service is an important aspect of health care. Showing concern for patients and using tact in dealing with them can be as influential in their recovery as the medication used and the techniques performed. A good rapport established between the provider and the patient and their significant others can be a solid deterrent in complaints and malpractice suits. Since the relationship between a provider and the patient is the interface between the community and our hospital, the reputation of the hospital many times rests on the manner in which the patient is treated.

Patient Satisfaction Surveys

Patient satisfaction surveys, from NRC Health, are utilized on an on-going basis in all patient care areas. In addition, outpatients may receive a text or email which impacts the hospital's Google rating. Hospice utilizes a tool from the National Hospice Organization to determine family satisfaction. Patient experience results are compiled, trended and shared with hospital and medical staff. Specific references to a specific medical staff member will be shared with that member, and, if applicable, with the Medical Staff Executive Committee.

Complaint Resolution Process

All complaints can be directed to the Department Director or the Patient Experience Department. When a patient complaint or comment is relative to a particular medical staff member, the member will be notified. Timely feedback regarding the provider's perspective of the situation is expected. A thorough review is completed, which may include a discussion with other staff, peer review, and review of the medical record. Complaint data is trended and reported to the Medical Staff Executive Committee.

B. Moral and Ethical Issues

Restraints

Restraint procedures are to be a "last resort" effort in the management of care of a patient. Alternative methods of composing the patient such as utilizing volunteers, diversional activities, and involvement in an activity program should be utilized first, if possible.

Advance Directives

TH accepts any form of an advance directive, written or verbal. Every effort should be made to document verbal advance directives and indicate witnesses. Advance Directives can be found in the medical record in the scanned documents.

No Code / Do Not Resuscitate

TH seeks to ensure the rights of patients. One of these rights relates to determining and following patient wishes regarding resuscitation measures. Every attempt should be made to determine patients' wishes regarding resuscitation as soon as possible after admission or prior to a surgical procedure. The outcome of any discussion pertaining to resuscitation should be documented in the medical record.

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Conflict of Values

In some cases, a conflict of values may exist. Verbal communication from the staff to not participate in the treatment of such cases shall be expressed at which time another staff person will be called upon to participate in the treatment of the patient.

Ethics Committee

An Ethics Committee meeting can be convened at any time when an ethical dilemma exists per the Ethics policy. You may contact anyone in Administration or Social Services staff to initiate an Ethics Consult.

Pain Management

TH supports the nationwide initiative regarding opioid use reduction and safe and effective pain management practices. These practices include utilizing the PDMP prior to prescribing opioids, assessing and screening at-risk patients, and monitoring adherence to prescribed medications. In addition, the utilization of non-pharmacologic modalities is recommended. Staff have been trained to use the 0-10 or FLACC scale to assess level of pain and discuss alternatives to medications with patients.

TH and its Medical Staff have adopted a policy that is related to the prescribing of narcotic and sedative medications in the Emergency Services Department. This policy has been adopted as a result of the Hospital and its medical staff's commitment to appropriate opioid prescribing practices. Reference policy 500-Gen-076 Management of Patients with Substance Use Disorders.

C. Performance Improvement / Peer Review

Peer review or Ongoing Professional Practice Review (OPPE) is completed on all medical staff providers. Additional quality information can be obtained from the provider's home-based hospital as needed.

A formalized proctoring program is used for all new medical staff members (FPPE) Focused Professional Practice Evaluation.

The Medical Staff will also be informed of any hospital-based performance improvement initiatives that relate to the medical staff. These may include initiatives such as order sets and protocols. TH participates with the AHA and WHA public reporting initiatives. Data submitted to WHA can be found at www.wicheckpoint.org or the CMS website, www.hospitalcompare.hhs.gov. Some of the measures include:

1. Emergency Services
 - a. Time from Emergency Services arrival to departure
 - b. Stroke-door to CT results
 - c. Severe sepsis-compliance with 3 hour bundle
 - d. Returns to Emergency Services within 48 hours
 - e. Traumas
2. Venous thromboembolism prevention (VTE)
 - a. Prophylaxis ordered
 - b. Anticoagulation overlap therapy ordered
3. Outpatient Measures
 - a. Time to fibrinolysis in AMI
 - b. Time to transfer in AMI
4. Stroke
 - a. VTE prophylaxis ordered
 - b. Discharged on antithrombotic therapy
 - c. Anticoagulation therapy for atrial fib/flutter
 - d. Discharged on statin medication
 - e. Assessed for rehab

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5. Infection Prevention
 - a. C-Diff infection rates
 - b. CLABSI
 - c. Surgical Site infection rates
 - d. MRSA
 - e. CAUTI
6. Women's Health/OB
 - a. Early Elective Delivery Rate
 - b. Breast feeding rates
 - c. C-section rates
 - d. Infant complications
7. 30 Day Readmissions
8. Hospital acquired conditions
 - a. Adverse drug events
 - b. Pressure ulcers
 - c. Falls
9. Error Prevention
 - a. Universal Protocol-Surgical site marking; Procedure verification process and time out procedures
 - b. Eliminate dangerous medication abbreviations.

Other processes that are monitored can include:

1. Mortalities
2. Unplanned overnight stays following ambulatory surgeries
3. Transfers
4. Apgar scores less than 6 in infants greater than 28 weeks' gestation
5. Medication Incidents

D. Just Culture

TH utilizes a Just Culture algorithm when errors occur. This algorithm assists in creating a standardized review and evaluation of errors that occur. Each situation will be assessed for human error, at-risk behavior and reckless behavior. Responses may be to console or counsel the individual or consider punitive action for repeated or intended harm.

E. Patient Safety

- a. TJC Patient Safety Goals (see TJC Resource Handbook)
- b. Wisconsin Hospital Association "Color of Safety" program

F. Utilization Review

On-going review and monitoring of the length of stay will be communicated to providers by the Utilization Review staff. Effective October 1, 2013 CMS requires that the physician must certify that a patient will be in the hospital at least two midnights in order to be considered inpatient status. Patients whose length of stay is less than that are to be assigned observation status. Documentation must reflect why a patient requires an inpatient stay.

TH has Clinical Documentation Integrity Specialist (CDIS). This role is designed to assist the providers and staff to document the patients' condition as thoroughly as possible. The CDIS works closely with providers and coders to make sure we comply with the latest coding requirements.

G. Risk Management

The most significant and important method by which a medical staff member can contribute to the risk management program is to report all known medical clinical problems with potentially compensable events in a timely manner. An electronic incident report form is used, and it is often referred to as "Clarity". It can be found on any computer on the HealthConnect homepage.

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Reporting events is intended to help prevent future similar occurrences and should never be done with the intent to “report” or get back at a person. If we don’t know about situations that put our patients at risk, we can’t work to fix them. Retaliations aimed at staff who report is not allowed or tolerated.

V. BUSINESS MANAGEMENT / PATIENT CARE SERVICES

A. Imaging & Other Diagnostic Services:

Imaging Services exams, such as X-Ray, Ultrasound, Nuclear Medicine, Echocardiography, Holter Monitor, EKG, Computed Tomography, Magnetic Resonance Imaging, and Interventional Procedures, are read by a Radiologist or Cardiologist as appropriate. The final results are sent to the patient’s ordering provider, which is then responsible for results, follow-up, and notifications. There is an Imaging Services staff member and/or Radiologist available 24/7 to assist you in using these services.

B. Diagnostic Services: Laboratory

See laboratory orientation at the end of this document.

A blood bank is located in the Lab.

The ordering provider is responsible for following up with patients regarding test results.

C. Anesthesia Services:

Anesthesia services are provided by CRNA’s through a collaborative agreement with all physicians. General anesthesia, regional, spinal, epidural analgesia, and sedation are available by contacting the CRNA on call. Call coverage is twenty-four hours per day, 7 days per week. The CRNA’s also require pre-anesthesia consults for patients that may be at a higher risk, such as those that have a BMI > 50, a known or suspected difficult airway, serious cardiopulmonary disease or other health conditions the provider feels anesthesia may be concerned about.

D. H and P Requirements

TH has specific requirements related to pre-operative history and physicals. The scope of history and physicals is based on the surgery or procedure risk and patient condition. A guide for pre-operative testing and H and P requirements can be found at: <https://www.tomahhealth.org/clinicians-professionals/preoperative-testing/>.

E. Chart Completion/Dictation Procedures

A complete admission history and physical examination shall be recorded within twenty-four (24) hours of admission. This report shall include all pertinent findings resulting from an assessment all systems of the body.

Operative reports must be completed immediately after the operation/procedure or within 24 hours if a post-op progress note is completed.

All medical records must be completed (documented and authenticated) by all providers involved in the care of the patient) by 7th day after discharge of the patient.

A discharge summary shall be recorded on all medical records except in the case of normal newborn infants. In such cases, a formal progress note must be recorded to include instructions given to the family. In all instances, the content of the medical record shall be sufficient to justify the diagnosis and warrant the treatment and end result. All summaries shall be authenticated by the responsible practitioner.

Discharge summaries **SHALL BE COMPLETED UPON DISCHARGE OR AS SOON AS POSSIBLE THEREAFTER**. Discharge Summaries shall be completed (documented and authenticated) upon discharge or as soon as possible thereafter to provide timely access to view online, download, and transmit his/her health information. If Discharge Summary is not completed within 7 days after discharge, a letter from the Hospital Administrator will be sent to the provider suspending privileges for failure to meet the completion of discharge summary requirements.

Chart Documentation – Tomah Health’s method of documentation is via template and speech recognition documenting directly into the electronic health record. Providers should e-sign their electronic orders and transcribed documents daily in order to comply with federal and state regulations regarding orders and documentation authentication requirements.

Further detailed information relative to completion of medical records is contained in the Medical Staff Bylaws, Rules and Regulations. This information is provided to you and is the responsibility of each credentialed provider. Medical record review is done on an ongoing basis and reported quarterly. Current criteria and indicators will be provided to you.

F. Admission & Discharge Planning Options

OBSERVATION UP TO 24 HOURS	OUTPATIENT	INPATIENT	TRANSFER	DISCHARGE
Outpatient status maintained Care provided on Acute Care Services or in Women’s Health	Same Day Surgery Clinic Emergency Observation up to 24 hours Urgent Care Warrens Clinic Palliative Care Specialty Clinic	Hospice Women’s Health Services/OB Respite Swing Bed Acute Care Services	Air and ground transport	Home Home Health CBRF Another hospital

G. Current Financial Statement/Statistics

Current financial statements and statistics are on file in Administration. Contact the Hospital Administrator or the CFO for details as needed.

H. Previous Fiscal Year Audit/Management Comments

Audited financial statements and management comments are on file in Administration. Contact the Hospital Administrator or the CFO.

I. Computer System Access/Training

Information Technology Services (IS) will meet with the provider to cover basic application training and setup of access needs (internal/remote) as approved. There is a public Wi-Fi access available for personal equipment use. System changes, disruptions and enhancements are communicated via email, medical staff meetings, along with one on one visits as requested or needed.

J. Information Blocking

In general, information blocking is a practice that is likely to interfere with access, exchange, or use of electronic health information (EHI) except as required by law or specified by the Secretary of Health and Human Services (HHS) as a reasonable and necessary activity.

TH currently releases finalized lab results and notes to patients enrolled in MyChart without delay based on where the care was provided. More regulatory information can be reviewed at HealthIT.gov or by reaching out to HIS/ITS department.

VI. SAFETY

A. Safety Management Program

The purpose of the safety management program is to coordinate, monitor and evaluate the hospital environment regarding the safety and security of its patients, employees and visitors, recommend actions to Administration resolve or prevent safety incidents and ensure compliance with all applicable regulations, laws or accreditation standards.

1. **General Safety**

- a. Safety is everyone's responsibility.
- b. Report suspicious activity or packages.
- c. Contact Security when you find unattended bags in general public hallways.
- d. Know and obey all hospital safety rules.
- e. Report all incidents/unsafe conditions to the department supervisor/charge person.
- f. Operate tools and equipment only if authorized and familiar with the operating techniques.
- g. Report faulty equipment. Equipment repairs should be done by authorized personnel.
- h. Use a safety stool or ladder for climbing. Avoid overreaching. Do not use chairs, tables, or boxes for climbing.
- i. Clean up spills immediately. Spill kits for blood/hazardous materials are located in the nursing stations and Patient Access stations with directions and equipment.
- j. Pick up any object immediately that you see on the floor that may cause a fall.
- k. Keep aisles and hallways clear of all objects. Never block an aisle or hallway.
- l. No running or horseplay on hospital premises.
- m. Drive carefully on hospital premises (parking lot information to follow).
- n. Approach all corners and doorways with caution to avoid a collision.
- o. Keep all work areas clean and orderly.
- p. Dispose of hazardous materials and infectious waste in proper containers.
- q. Frequently inspect and report faulty cords, plugs, switches and outlets.
- r. Use only 3-wire grounded plugs. This is required on all equipment.
- s. Use safe lifting techniques.
- t. Know specific safety rules that apply to your department.

2. **Emergency Alert**

Each department has emergency response guidelines. These guidelines may be used during the initial response phase of an emergency or disaster.

- a. Medical Emergency Alert
- b. Severe Weather Alert
- c. Abduction/Missing Person Alert
- d. Fire Alert
- e. Security Alerts
 - i. Security Alert-Hold Protocol
 - a. Used when there is a situation in a particular area. During this protocol non-essential persons should not enter the affected area until the all-clear has been given.
 - ii. Security Alert-Secure Protocol
 - a. Used when there is a situation outside the facility that has the potential of coming into the building. During this protocol all exterior doors are locked and the ED entrance will be the only point of entry into the building. Security or Law Enforcement will screen person at the ED entrance before allowing them to enter the building.
 - iii. Security Alert-Lockdown Protocol
 - a. Used when there is an active attack happening in the building. All persons should immediately seek shelter behind a locked door, turn out the lights, and wait for law enforcement to eliminate the threat and clear the building.
- f. Hazardous Materials Incident Alert
- g. Emergency Operations Alert
- h. Code 911-10 – is paged and indicates emergency C-section

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3. Security Management

- a. Law Enforcement 911
- b. Hospital Security-Portable (Primary) 377-8770 (8770)
- c. Hospital Security-Dispatch (Secondary) 608-775-4422
- d. Building main entrance locked at 6 p.m. – 5 a.m. M-F and 5 p.m. – 9 a.m. weekends & holidays, Rehab entrance locked 6p.m. – 6:30 a.m. and 24/7 weekends, emergency entrance is useable 24/7.
- e. Staff are expected to wear badges at all times.
- f. Refer to Security Policy 400-F&S-011 for additional Security Information

B. Life Safety Management

1. Building and Grounds

- a. Sleep rooms are available to emergency department physicians or on-call staff as needed.
- b. Lost and found available from Facility Services Office, or communicate with Patient Access.

2. Smoking/Tobacco

TOMAH HEALTH IS A SMOKE-FREE CAMPUS / NO TOBACCO USE IS ALLOWED.

C. Utilities Management Program

1. Environmental control systems (maintained by Facility Services department).
2. Emergency power
 - a. Emergency generator available in a power outage (*Red outlets signify emergency power outlets*)
 - b. An alert will be issued when an outage occurs.

D. Fire and Safety

Fire Extinguishers

PASS

P-Pull

A-Aim

S-Squeeze

S-Sweep

RACE

R-Rescue

A-Alarm

C-Contain

E-Evacuate

E. Fire Alarm Systems

1. Is designed to detect and alarm for smoke and heat conditions created during a fire emergency.
2. Fire alarm pull stations located by exits. (There is a clear plastic cover on the pull station. When you remove the clear protective cover an alarm will initiate at that pull station. You still need to pull the alarm station so the fire alarm system is activated.
3. Security, Facilities, and Emergency Preparedness Specialist will respond to all fire emergencies when available. The initial response will be to a fire panel that is located in the ED, or front entrance of the hospital.

F. Parking: Staff, Handicap, Emergency

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G. Proper Lifting Techniques

We have a variety of devices to make patient transfers safer. (Easy stand, walking belts, ceiling lifts etc.).

H. Communication Systems

Telephone, Intercom Paging, Fax, Emergency Medical Services Radio, (*Instructions can be given by staff person available*).

1. **Telephone** – dial 9 for an outside line. Long distance calls for personal reasons are discouraged. **Emergency phone- there is 5 analog phones. If our phone system would fail, use them. It is not necessary to dial 9 for an outside line. Located: Emergency Services, Acute Care Services, Women’s Health, Patient Access, and Board Room.**
2. **No cell phones shall be used** for personal use in patient care areas and should be turned on vibrate. Cell phones should not be used to take patient pictures, voice recordings, etc., which is consider to be protected health information (PHI). PHI should not be posted/shared through any social media sites.
3. **Intercom Paging** can be done from any phone **by dialing** *80 in the Hospital and stating your message.
4. **Emergency Medical Services Radio** is available in the Emergency Services and Emergency Operations Center

I. Emergency Preparedness or All-Hazards Planning

The Tomah Health Emergency Operations Plan (EOP) is a comprehensive all-hazards plan developed to provide the foundation for Tomah Health emergency management. The Hospitals plan identifies the procedure for mobilizing hospital staff and resources in the event of an emergency or disaster.

Reference Policy: 400-F&S-005

A. Tour of Building and Grounds

A tour will be given at the time of orientation unless otherwise specified.

VII. INFECTION PREVENTION

The purpose of the hospital Infection Prevention program is to prevent hospital-acquired infections to patients, personnel, and visitors. We place a high priority on Infection Prevention.

A. Infection Prevention Committee

The Infection Prevention Committee meets regularly to develop and review policies, monitor infection rates, implement changes and to stay current with new recommendations, guidelines, and current issues in Infection Prevention.

General Overview of our Infection Prevention Program

1. Surface Cleaning/Disinfecting
2. Water Management
3. Air Handling
4. Laundry Facility Inspection
5. Regulated Medical Waste
6. Construction Projects
7. Disinfection & Sterilization
 - i. Equipment cleaning to ensure proper cleaning per manufacturers’ instructions

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8. Surveillance
 - i. Surgical Site Infections
 - ii. Communicable Diseases
 - iii. Data Tracking & Evaluation
 - iv. Resistant Organism
 - v. Hospital Acquired Infections
 - vi. Illness Outbreaks and Trends for Employees and Patients
 - vii. CAUTI/CLABSI
9. Influenza Prevention Plan
10. Standard & Transmission Based Precautions

B. Infection Prevention Guidelines

Infectious Diseases

Infectious diseases occur in a variety of forms, ranging from an unapparent infection to severe illness. Even unrecognized infections can still be communicable. In fact, the risk of nosocomial transmission of an infection may be highest before a definitive diagnosis has been made and isolation precautions initiated.

Standard Precautions

At TH, staff are required to treat all body fluids as potentially infectious. Standard Precautions prevent transmission of diseases that be can be acquired by contact with pathogens and should be used with all patients receiving care regardless of their diagnosis or presumed infection status. Standard precautions apply to:

1. Blood
2. All body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood
3. Non-intact skin
4. Mucous membranes

Personal protection equipment is readily available in each patient room. It is hospital policy that you wear the appropriate protection; as well as mandated by *OSHA in the Blood Borne Pathogen Final Rule*. Please be especially aware of the need to wear protective eyewear during procedures such as suturing or incision and drainage of abscesses. It is also our policy that everyone in the room wear eye protection during a code.

Respiratory Hygiene/Cough Etiquette

Per the CDC, respiratory hygiene is now part of standard precautions. To prevent transmission of all respiratory infections, including influenza, Infection Prevention measures should be implemented at the first point of contact with a potentially infected person. They include:

1. Visual alerts to inform patients to report respiratory infection when they register and to practice respiratory hygiene/cough etiquette.
2. Measures to contain secretions such as providing tissues, a waste receptacle, and hand hygiene product at the main hospital and ER entrance.
3. Masking and separation – offer masks to coughing patients, have them sit away from others in common waiting areas, or place them immediately into an exam room.
4. Staff should use droplet precautions in addition to standard precautions for close contact when fever/cough present.

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Safety Devices

Most of our sharps are now safety devices. Currently, we have not found a suitable safety scalpel for the Surgical & Endoscopy Services. However, we do use a “safe zone” red sharps mat to minimize hand to hand passing of sharps.

Sharps Disposal Units

Rigid containers are available in every exam room for disposal of sharps. It is hospital policy that you *dispose of your own* sharps.

Safe Injection Practices

Healthcare acquired infections associated with unsafe injection practices are causing growing concern among public health officials about the prevalence of these unsafe practices. According to the CDC, infectious disease outbreaks related to unsafe injection practices have increased in recent years. TH uses only safe injection practices. Almost all vials in the hospital are single use. Remember: One Needle, One Syringe, Only One Time.

Transmission-based Precautions

In addition to Standard Precautions, Transmission-based precautions are used for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens. At TH we have Transmission Based Precautions for: Airborne, Droplet, and Contact, Contact Plus and Protective (i.e. Neutropenic). Airborne Isolation rooms are available in Emergency rooms and on Acute Care Services.

Contact Plus is used for patients with known or suspected c-diff, candida auris and norovirus.

Isolation Precaution signs should be hung on the door frames of the patient room in clinical areas. In the Emergency Department, there are two doors to the patient rooms. Isolation signs should be placed on the outside hallway doors and on the outside of door in the ED Core (nurse’s station side).

Spinal Taps

We require providers to mask for spinal taps, administering spinal or epidural anesthesia, and myelograms based on the CDC recommendations.

TB Respiratory Protection

There are two airborne infection isolation (AII) rooms in Emergency Services, Rooms 2 and 3 (ball in the wall type) and two in Acute care Services rooms 7 and 8 (green light indicator type). Powered Air Purifying Respirators are available for all staff and providers. Please take some time to become familiar with their operation. Fit testing is not needed with PAPR’s.

You may only use N95 masks if you are fit-tested. Fit-testing needs to be completed annually and you may only use the N95 you were fit-tested for. Fit-tested can be scheduled with Employee Health.

Pandemic

In the event of a serious flu epidemic or pandemic, TH would do “just- in –time” fit testing of N95 respirators with staff. A surge capacity plan has been written to deal with a potential influx of patients.

CA-UTI Project

This has been a national initiative to reduce the number of catheter-associated urinary tract infections. Fewer Foley days means fewer infections, thus less antibiotic usage, leading ultimately to less antibiotic resistance. Please do not place Foley catheters unless it is truly needed and if necessary, ideally removed in 3 days or less. We do track Foley catheter usage. Our catheter utilization ratio is below the national average.

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Influenza Prevention Plan

All staff working in the facility at Tomah Health are encouraged to get an annual influenza vaccine. If staff are unable to receive a vaccine, then a medical or religious declination form will need to be filled out and submitted to Employee Health for Admin approval. Staff who have not received the influenza vaccine will be required to wear a mask at all times within the facility during influenza season. This requirement is in effect once flu is detected regularly in the community and continues for the duration of the flu season.

Resistant Organisms

Patients with a history of resistant organisms are flagged in electronic health records (HER). As with most communities, we have seen an increase of CA-MRSA presenting to our ER. Any patient with skin/soft tissue infections should be evaluated for MRSA, especially those who present with a “spider bite”. High-risk patients are screened for MRSA on admission to Acute Care Services.

Hand washing

Good handwashing has been identified as the single, most important means of reducing the risks of transmitting microorganisms from one person to another or from one site to another on the same patient. Wash/sanitize your hands before and after patient contact. It is an expectation at TH. Staff have embraced this important patient safety initiative. We do educate our patients to watch for good hand washing in their healthcare providers. Staff may remind you to wash/sanitize your hands if they see you approaching a patient without complying by using the phrase, “Let’s all gel up”.

Alcohol-based hand gels are available and especially useful before patient contact. Allow hands to dry completely before touching anything; they are flammable

Gloves

Gloves are worn for three (3) important reasons:

1. To protect your hands when touching blood, mucous membranes, etc.
2. Decreases risk that microorganisms from your hands will be transmitted to patient.
3. To decrease risk of transporting microorganisms from one person to another.

Gloves must be changed between patient contacts and hands washed after gloves are removed. Wearing gloves does not replace the need for handwashing.

Please do not wear gloves in the hallway (unless carried soiled items) as it gives the perception to our visitors that something is dirty.

Equipment Cleaning

It has become an expectation that equipment used from patient-to-patient will be cleaned between uses. Larger sized alcohol pads are available for cleaning your stethoscope and are easy to use because gloves are not required as with sanitizing wipes.

Exposure to Blood and Body Fluids

If exposure occurs, immediately wash the affected area with soap and water. It is necessary to report any and all exposures to blood and bodily fluids. A specific policy has been developed for this purpose and should be put into action immediately. The Emergency Services Nurse will start this process (a red folder with the forms and tip sheet are available in the ED). The Emergency Services Provider will evaluate the exposure and sign forms indicating the significance of the exposure. Prophylactic medications are available in-house, but please consult the Hotline if prescribing. Rapid HIV test are available.

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Reportable Diseases

TH works closely in cooperation with Monroe County Public Health. Please be aware of the diseases that must be reported to them. If labs have been done, Infection Prevention will report to the county. You can view a list of reportable diseases on the Wisconsin Dept of Health Services at <https://www.dhs.wisconsin.gov/disease/reporting.htm>. The State also has 24-hour emergency contact numbers for urgent communicable disease issues.

Infection Prevention Web Page

Infection Prevention has a page on the hospital intranet-HealthConnect. There are links to resources that include:

- State of Wisconsin Communicable Disease Contact List
- CDC Website
- STD Treatment Guidelines
- Antibioqram
- Infectious disease Society of America (ISDA) Guidelines for treating most infections
- Rabies Prophylaxis/testing
- Pertussis Testing Treatment/Testing
- Ebola protocols
- Measles Information
- The Weekly Respiratory Report
- Health Alerts from the CDC and DHS
- COVID-19

Communicating with Providers

Infection Prevention will occasionally send out alerts received from the CDC, State, or local health department regarding infectious diseases. Screen savers are used in the Emergency Services Department as an effective way to communicate without having to bog down your email. Please make sure to read them.

Suspected Hospital Acquired Infection Report

Please notify Infection Prevention anytime a patient in the Emergency Services Department or Clinic is seen for an infection that may have been hospital-acquired. Most infections do not present themselves until after hospital discharge due to short lengths of stay. We need to have any infection reported so potential problem areas can be identified. Examples: I.V. site infections; UTI's in patients who were catheterized, etc. Surgical wound infections need to be cultured and the **surgeon is to be called**. You can reach Infection Prevention at ext. 8455, emailing deptinfectionprevention@tomahhealth.org or by entering an incident report.

Antibiotic Stewardship Program

The CDC recommended in 2014 that all acute care hospitals implement an Antimicrobial Stewardship Program (ASP), stating that the consequences of antibiotic overuse and misuse have turned into "a very important and serious public health threat in the U.S." Some infectious disease experts fear we may be headed to a time when antimicrobials will no longer be effective.

In 2016 we launched a formal ASP. This program is backed by a committee assembled of a Physician Representative, Pharmacist, Microbiologist, Infection Preventionist, Quality, and Information Systems Management personnel. The goal of the program is the appropriate use of antimicrobials to improve patient outcomes while minimizing toxicity and the emergence of antibiotic resistance.

Guidelines for the use of antimicrobials are changing rapidly. We hope to help providers stay current and provide additional education materials to assist with patient education.

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Broad-spectrum antibiotics should be used only when truly necessary; TH and local antibiograms are available for your use. Education resources are available to help educate patients as to why an antibiotic is not always necessary: brochures, posters, as well as “Cold Kits” and Sinus Care Kits are available in the ED.

Red Bags (Biohazard)

Red bags are for disposal of blood-contaminated items only. They are not for band-aids, tongue blades, gloves or other materials unless they are visibly contaminated with blood that could be squeezed, dripped or poured from them.

Exposure Control Plan

The hospital has a detailed exposure control plan in place to protect employees from occupational exposure to bloodborne disease. A copy of the Exposure Control Plan 600INF.002 is available to all employees at all times on the hospital intranet.

Hazard Materials/Hazard Communication Plan

It is Hospital policy that health care providers/workers/employees receive training about any hazardous chemicals on the job site prior to performing duties that may involve potential exposure to hazardous chemicals or substances used in their assigned work area. In addition, Safety Data Sheets (SDS) are available to employees at all times on HealthConnect under the Quick Links on the home page. SDS contains much information about the product, including emergency first aid procedures.

Waste Reduction Plan

Wisconsin Law requires hospitals to find ways to reduce their medical waste. TH has a waste reduction plan that observes our use of disposable products, monitors infectious waste, and encourages recycling. Items currently being recycled include – **aluminum, plastic, glass, paper, and tin**. Marked containers are available for disposal of these products. A recycling scholarship is given each year with the proceeds from recycling. Please do your part by cooperating with our recycling guidelines.

VIII. Invasive Procedure / Surgical Procedure H&P Guidelines:

An H&P must be completed within 30 days prior to the patient’s procedures/admission. An update must be completed prior to surgery or a procedure requiring anesthesia services. Please speak to the nursing director or refer to the History and Physical Assessment policy if you have questions.

IX. Laboratory

The Laboratory is staffed 24 hours a day 7 days a week. A complete test menu, including reference ranges, specimen requirements, performing laboratory, and turnaround time can be found on the lab department page on HealthConnect. The in-house testing menu for TH Lab includes the following tests:

Blood Bank:

1. ABO, RH, antibody screens, IgG DAT (Direct Antiglobulin) and compatibility testing are performed at TH.
2. Positive antibody screens are sent to our reference lab for identification and require additional time.
3. Blood types A positive, A negative, B positive, O positive, and O negative are routinely stocked in the blood bank. All other blood types are available within approximately 2 hours. In emergencies, adult females ≥ 56 years and adult males ≥ 18 years will be provided Rh positive units as inventory dictates.

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Type specific blood can be transfused once ABO/Rh is completed on current sample and the patient has a historical type on file. All units are leukoreduced. Requests for Irradiated or CMV negative must be ordered by special request.

4. Only apheresed (single donor) platelets are transfused at TH. The volume of a single donor platelet unit is 200-500 mL. Platelets are generally available from the LaCrosse distribution center and are available within 2 hours of order.
5. Fresh Frozen Plasma is obtained from La Crosse, WI and is available generally within 2 hours of order.

Chemistry:

1. Chemistry Panels performed at TH Lab:
 - a. Chem 8: NA, K, CL, ECO₂, glucose, BUN, creatinine, and calcium
 - b. Metabolic Panel: NA, K, CL, ECO₂, glucose, BUN, creatinine, calcium, AST, ALT, Alk Phos, Total Bili, Total protein, and albumin.
 - c. Electrolytes: NA, K, CL, ECO₂.
 - d. Liver Profile: AST, ALT, Total Bili, Direct Bili, Total protein, albumin, and Alk phos.
 - e. Lipid Panel: Cholesterol, Triglyceride, HDL, indirect LDL, and risk factor calculation.
 - f. Arterial Blood Gases: pH, pCO₂, pO₂, O₂ saturation, HCO₃, and TCO₂.
2. Tests performed in-house include: Albumin, amylase, Alk Phos, ammonia, AST, ALT, beta HCG, bilirubin, NTproBNP, BUN, calcium, cholesterol, CK, chloride, creatinine, CRP, ECO₂, Ferritin, glucose, HgbA1C, HDL, Iron, LDH, Lactate, lipase, magnesium, phosphorous, potassium, procalcitonin, protein-total, sodium, triglycerides, Troponin T, Troponin I (downtime), TSH, and Uric Acid, Unsaturated Iron Binding Capacity, CSF Glucose, CSF total protein.
3. Drug testing includes: Acetaminophen, Alcohol, Digoxin, Salicylate and Vancomycin. In addition, a qualitative screening test for drugs of abuse is available.

Hematology:

1. CBC with diff: includes WBC, RBC, HGB, HCT, PLT, MCV, MCH, MCHC, RDW, ANC and a 5-part automated differential. A manual differential is performed if triggered by lab criteria.
2. CBS, No diff: includes WBC, RBC, HGB, HCT, PLT, MCV, MCH, MCHC, and RDW, and ANC. A differential is not reported.
3. Blood smear consults for pathology: Smears are sent out for pathology review either upon physician order or if abnormal cells are seen by the technologist doing the diff.
4. Body Fluids – Please obtain a body fluid collection kit from the lab before collecting the specimens. Specimens received with clots in them are unacceptable for testing.
5. Other in-house testing – Sedimentation rates, Reticulocyte panels.

Coagulation:

In-house testing includes: Protime/INR, a PTT, and d-dimer.

Microbiology:

1. Throat cultures are automatically set up on all negative strep screen requests. If a throat culture is not wanted, you must contact the Lab.
2. Identification and sensitivities are made routinely on most pathogens. In some cases, you may need to notify the lab if sensitivity testing is needed.

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3. A Gram stain is performed on all sputum culture requests. If the specimen is found to be unsatisfactory on Gram stain, a repeat specimen will be requested.
4. Group B strep cultures – Sensitivities are not routinely performed. Please notify the lab if the patient has penicillin allergies or if sensitivities are needed.
5. Vaginal specimens – Rapid Trichomonas, BV (Bacterial Vaginosis) and KOH preps preformed at TH.
6. Covid, Influenza A and B, RSV, Strep A, gonorrhea/chlamydia, Clostridium difficile and MRSA (nasal and tissue) PCR testing is done by TH lab.

Pathology:

A Pathologist is on call for consultation or autopsy 24 hours a day, 7 days a week, including holidays. The Pathologist on call may be reached by calling Gundersen Healthcare System La Crosse Laboratory at 1-608-775-3999.

Frozen sections must be scheduled with the Lab and Gundersen Healthcare System La Crosse Pathology to make sure that the Pathologist is available to be on site.

Urinalysis/Serology/Miscellaneous:

1. Urinalysis MACRO includes: dipstick, and is reflexed to a microscopic if any of the following are positive – nitrates, protein (albumin), WBC, or RBCS, color is Red, Amber, Green, Brown or Orange, Clarity is turbid.
2. Urine Micro should be ordered with urine Macro if a complete urinalysis is needed regardless of dipstick results.
3. Urine Pregnancy testing.
4. Mono testing.
5. HIV testing, if result is positive it will be sent to Gundersen Healthcare System for further testing.
6. Ruptured Membranes – ROM (Amnisure).
7. Gastric Occult Blood
8. Ocult blood testing
9. Rapid Urease
10. Beta Hydroxybutyrate

Critical Values:

All inpatient and ED patient results that are critical values are called directly to the physician.

All critical values must be read back to the technologist.

Testing not performed by TH Lab is sent to the following reference labs:

1. Gundersen Healthcare System, La Crosse, WI
2. Wisconsin State Lab of Hygiene
3. Versiti Wisconsin
4. VA Medical Center, Tomah (Only used for carbon monoxide testing and back up testing)

X. HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides guidance on how a covered entity may use and disclose a patient's protected health information. Protected Health Information may be disclosed without an authorization in the following instances: Treatment, Payment, Health care operations (TPO). The Notice of Privacy Practices outlines patient rights. Under this regulation, patients have the right to:

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1. Access, inspect, obtain a copy and request to amend their health information
2. Request a restriction or limitation on the ways their information may be used or disclosed by TH with an exception to restrict to their health plan if they pay out of pocket in full for their service.
3. Request an accounting of disclosures we have made of their health information, excluding disclosures for treatment, payment, healthcare operations, or other disclosures the patient authorizes in writing.
4. May request that their PHI be received or delivered via an alternative confidential means or location (no explanation required).

For more information regarding HIPAA, refer to TJC Resource Handbook for Medical Staff and Allied Health Professionals, or contact the Director of Health Information Services at ext. 8600.

Ethical Considerations

- Patients and their family may find it necessary to make difficult treatment choices while hospitalized:
 - ♦ TH appreciates patient's right to make individual decisions based on their families' personal beliefs.
 - ♦ The medical team will assist a patient by providing currently available medical information.
 - ♦ When difficult ethical decisions arise, such as withholding resuscitative services, foregoing or withdrawing life-sustaining treatment, a team lead by a provider will assist the patient.
- If a patient feels that any of their rights have been denied or violated, or to voice a concern, they may use the following options:
 - ♦ Contact the Patient Experience Department at (608) 377-8693. A hospital representative will follow up with the grievance in a timely manner.
 - ♦ Contact the Office of Quality Assurance at Department of Health & Family Services, Division of Quality Assurance, Office of Caregiver Quality, P.O. Box 2969, Madison, WI 53701-2969, telephone number (608) 266-8084.

In addition, Medicare and Medicaid beneficiaries may contact the State of Wisconsin Peer Review Organization, Livanta At (888)524-9900 or at livantaqui.com/en/states/Wisconsin.

The Joint Commission provides evaluation and accreditation services to the hospital. The following contact methods can be used to file a patient safety concern or complaint:

Mail:

Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

Or online:

<https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-concern-or-complaint/>

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Patient Access

Patient Access Department is the first point of contact at TH. The Patient Access staff interviews patients and/or the patient's representative to obtain complete and accurate demographic, financial, and insurance information required for billing and collecting patient's accounts for all outpatient and inpatient encounters.

Pharmacy Services

The Pharmacy is staffed Monday-Friday 7:00a to 5:00p, and on holidays and weekends 7:00a until completion of provider rounding. The Pharmacist also does remote verification of orders until 10:00p from their home. Pharmacy is also available on call 24 hour/day.

The Pharmacy utilizes an electronic medication administration record and bar scanning in our Acute Care Services and Women's Health Services department. We also utilize Alaris Smart Pump Technology throughout the hospital with the exception of Surgical Services Anesthesia.

The Pharmacy offers Kinetic Dosing (Vancomycin/Gentamicin) and pharmacy driven inpatient Warfarin dosing along with Protocols for IV Heparin infusion, Diabetic Ketoacidosis and Hyperosmolar Hyperglycemic state, Intensive insulin infusion orders, Potassium IV/PO replacement orders, PCA Morphine and Hydromorphone and Alcohol withdrawal.

Imaging Services

INTERVENTIONAL PROCEDURES PERFORMED AT TH

A variety of fluoroscopy and interventional procedures are performed at Tomah Health, including but not limited to: thoracentesis, paracentesis, joint injections, aspirations, SI joint injections, bursa injections, abscess drainage placements, tube checks, picc and port line placements, and biopsies. If there is a question on whether or not a procedure could be performed at our facility, please call the Imaging Department to discuss with a radiologist.

Marketing and Public Relations

The Marketing and Public Relation Director is responsible for all activities of TH related to conceptualizing and implementing marketing/ promotion and advertising hospital services and events. Specific responsibilities include business and market development, customer service and retention; market research and planning; and strategic direction for promotion and advertising. In addition, the Marketing and Public Relations Director is responsible for developing, coordinating, directing and managing all fund-raising, special events, and marketing programs conducted on behalf of the hospital.

Cardiac and Pulmonary Rehabilitation

Cardiac and Pulmonary Rehabilitation are medically supervised outpatient exercise and education program designed to provide comprehensive care to individuals who have recently experienced a cardiac event or have chronic lung disease. Care is accomplished through a collaborative effort between patient, family/significant other(s), and professional staff consisting of Clinical Exercise Physiologists all certified in ACLS and BLS and complete annual competency skills assessments. We provide individualized care in response to specific patient needs through EKG cardiac telemetry monitoring of exercise, risk factor modification, and education on heart and lung disease. A physician referral is required prior to entry into the program.

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Cardiac and Pulmonary Rehabilitation has a Medical Director/Liaison designated for oversight of the cardiac and pulmonary rehab department and reviews and approves all policies related to the cardiac rehab department. The cardiac rehab individualized treatment plan is tailored for every patient's specific needs. It reflects the rehab process of initial assessment, goal setting, intervention, re-assessment, and discharge. The individualized treatment plan is formulated by the cardiac rehab staff and sent to the Medical Director for review and approval/signature after the initial session, re-assessments every 30 days, and at discharge.

The Supervised Exercise Therapy (SET) for treatment of symptomatic Peripheral Artery Disease (PAD) is a medically supervised outpatient exercise and education program designed to provide comprehensive care to individuals who have peripheral artery disease. SET for PAD is a comprehensive program that will provide individualized care in response to specific patient needs through monitoring of exercise, risk factor modification and education on PAD.

The Clinical Exercise and Education program is designed for individuals who have been diagnosed with heart disease or are at high risk for developing heart disease. This independent program is typically not covered by insurance and is a self-pay program. A comprehensive initial assessment will be completed. A Health Care Provider's referral/order is required prior to participation in the program.

TH Rehabilitation Service departments are steadily growing and currently see outpatients in our 13,950 square foot state of the art Rehab facility on the ground level of TH. The Rehab staff also provides bedside evaluations and treatments for acute care and swing bed inpatients while hospitalized. Our floor plan includes 16 private and semi-private treatment/exam rooms, plus a separate ADL kitchen, ADL bathroom/bedroom, myotherapy treatment room, pediatric treatment room, adult and pediatric Speech therapy treatment rooms, a balance/neurological treatment area with a gait assist lift system, and a variable depth therapy pool with underwater treadmill and paddle wheel for current for resisted exercise.

Equipment in our department includes a full complement of modalities and a diverse array of isotonic equipment, including a leg press, multi-hip, prone ham curl, seated hip abductor and adductor, as well as a cable crossover pulley system. We also have a Cybex NORM computerized dynamometer that will perform isometrics, concentric/ eccentric isotonics, and concentric/eccentric isokinetics including exercise protocols and testing as well as continuous passive motion with full report printouts as needed. In addition, we have use of a Biodex balance machine along with other balance and plyometric equipment, physioballs, cardio equipment, and state of the art Saunders 3 dimensional active traction unit.

Physical Therapy

TH Physical Therapy outpatient care comprises 95% of our volume and inpatient care the remaining 5%. Our staff includes 15 full or part time Physical Therapists and 2 Physical Therapist Assistants, as well as 2 Rehab Tech staff and 4 Rehab Patient Access staff.

Staff members have a broad and diverse skill set with expertise and certifications ranging from McKenzie Mechanical Diagnosis and Therapy, Spine, Orthopedics, Vestibular, Lymphedema, Pediatrics, Industrial, Women's Health, Inpatient, Athletic Training/Sports Medicine, Cancer Care, and Strength and Conditioning. Patient population includes all ages from infants, pediatrics, teenagers, and adults, including geriatrics.

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Diagnoses treated range from orthopedic to neurologic, cardiopulmonary, and wound care. Enhanced programs include Vestibular Rehab, Lymphedema, Sports Medicine, and Industrial Rehab, Cancer Care and Women's Health.

Occupational Therapy

TH Occupational Therapy outpatient care comprises 85-90% of our volume and inpatient care the remaining 10-15%. Our staff includes 4 full or part-time Occupational Therapists and 1 full-time Certified Occupational Therapist Assistant.

Staff members have a broad and diverse skill set with expertise and certifications ranging from Orthopedics with focus on shoulder, elbow, and hand treatment, Lymphedema, Pediatrics, Industrial, Inpatient, Myotherapy, LSVT BIG (Lee Silverman Voice Treatment) for treatment of Parkinson's patients, and Cancer Care. Patient population includes all ages from infants, pediatrics, teenagers, and adults, including geriatrics.

Diagnoses treated range from orthopedic to neurologic, cardiopulmonary, and wound care. Enhanced programs include Myotherapy, Lymphedema, LSVT BIG, Industrial Rehab, and Cancer Care.

Speech Therapy

TH Speech Therapy outpatient care comprises 95% of our volume and inpatient care the remaining 5%. Our staff includes 1 full-time Speech Pathologist and 2 part-time Speech Pathologists.

Staff members have a broad and diverse skill set with expertise and certifications ranging from pediatric speech, language, swallowing, oral-motor and oral aversions, apraxia of speech, cochlear implant communication, Adult LSVT LOUD (Lee Silverman Voice Treatment) for treatment of Parkinson's patients, Video fluoroscopic swallowing studies, motor speech disorders, Aphasia, and Cognitive-Communication deficits.

Diagnoses treatment range from developmental delays and syndromes, TBI, Neurologic, Cancer Care, Cochlear Implant.

Hospice Touch

Hospice Touch is a program of TH for persons of all ages who have a terminal illness or general decline and a prognosis of six months or less. Patient and family agree that cure is not the goal and desire care emphasizing symptom control and comfort. The visits and services of the Hospice Team (nurses, social worker, nursing assistants, chaplain, massage therapist, volunteers) are most often used to help the person be comfortable and stay at home or at their assisted living or community-based residential facility. These services are at times provided in the hospital and at the Serenity House, an eight bed hospice home in Tomah, if the person cannot stay in their own home.

Medications and equipment for the terminal illness are provided with expert symptom management, coaching, teaching, and social, emotional and spiritual support for the patient, family and caregivers. Focus is on living life and helping the patient and family meet their goals of care. 24 hour nurse on call availability. Bereavement assistance and follow-up are provided. Provider orders a "Hospice referral".

Serenity House

Serenity House is an eight-bed hospice residence located in Tomah, Wisconsin. It is a home available for hospice patients who can no longer stay in their own home staffed by trained hospice professionals. Private room with bath, dining and living areas, meals, laundry, all personal care services, and hospice services are provided.

Life Choices Palliative Care

Life Choices Palliative Care is a program of TH for persons of all ages with a serious medical illness that could be life-limiting and impacts comfort and quality of life. The person may be seeking curative treatment and desires services that focus on expert symptom management, coordination of care, and assistance in identifying their goals of care and making informed health care choices. Provider orders a “Palliative Care consult” stating the reason for the consult. The consult visit will be completed by APNP in the hospital or in the home and the provider will be given a copy of the written consult with recommendations. If the patient would benefit, they may choose to consent to the Life Choices palliative care program for on-going symptom and disease management and caregiver support. 24-hour nurse on call availability.

Nutrition Services

Our Nutrition Services’ department prepares and serves all meals and nourishments for our patients and guests. Patients can order foods from a select menu specific to their diet order. Menus are created and analyzed by our Nutrition Services Director and Registered Dietitian. Snacks consistent with the prescribed diet are available, and can be ordered by the physician, initiated by the dietitian, or requested by the patient. Diets can be modified to meet each patient’s specific needs.

Order sets are available for enteral and parenteral nutrition as well. Standard therapeutic diets include:

Diet Orders	Definition	Indication
☐ Diet NPO	Nothing by mouth	
☐ Diet NPO with Tube Feeding	Nothing by mouth; patient is receiving enteral nutrition	
☐ Diet Tube Feeding with Diet Order	Patient is receiving enteral nutrition; patient also has a diet order for po intake (for those that are transitioning to an oral diet while being tube fed, or those who are eating for pleasure while meeting their nutritional needs on a tube feeding)	
☐ Diet Clear Liquid	The clear liquid diet is composed of fluids and foods (broth, gelatin, and popsicles) that are transparent (that is, you can see through them) and that are liquid at body temperature. Foods allowed in this diet include items that consist of primarily sugar and water and meat or vegetable broths, which are primarily composed of water and salt. Some institutions serve hard candy as part of the clear liquid diet because it dissolves to sugar and water at body temperature.	Once widely used in hospitals, the clear liquid diet has been used to maintain hydration while minimizing residue in the bowel in the following situations: acute gastrointestinal illness, preparation for surgery or procedure, or food reintroduction after procedure. This diet is intended for short-term use. This diet should be used only when absolutely necessary while preparing for surgery, recovering from surgery, during certain gastrointestinal symptoms (distention, nausea/vomiting) or during evaluation of or presence of anastomotic leak.

<p>□ Diet Clear Liquid, Carb Free</p>	<p>The clear liquid diet without carbohydrates is composed of fluids and foods (broth, gelatin, and popsicles) that are transparent and that are liquid at body temperature and also contain no carbohydrate, such as: broth, coffee, tea, sugar free gelatin, and unsweetened iced teas.</p>	<p>DKA/hyperglycemia; appropriate for patients with diarrhea on a clear liquid diet.</p>
<p>□ Diet Full Liquid</p>	<p>The full liquid diet includes the foods allowed on the clear liquid diet plus milk and small amounts of fiber. With this diet, thin cereal or gruel, strained cream soups, milkshakes, custard, and pudding could be provided along with juices or nectars that do not contain pulp. Nondairy substitutes are indicated for patients with lactose-intolerance. Portion sizes of this diet may be modified to meet the needs of postoperative bariatric surgery patients. Specific nutrients (carbohydrates, sodium, fat, etc.) can also be modified to meet the needs of individuals with specific medical conditions.</p>	<p>Though the traditional indication for the full liquid diet is short-term use as a transition step between the clear liquid diet and soft diet following gastrointestinal surgery research suggests that there are no data supporting the use of a full liquid diet as part of a postoperative diet progression (Warren, 2011). However, this diet is included in the NCM Diet Manual because many health care facilities still prescribe this diet for temporary diet progression. The trend toward early postoperative discharge has rendered elaborate postoperative diet regimens impractical; therefore, the full liquid diet is no longer widely advocated or used.</p>
<p>□ Diet General</p>	<p>The General diet is based on general, healthful nutrition from a variety of foods. It is planned using the Dietary Guidelines for Americans and serves as the basis for all other diets used within health care facilities and encourages basic provision of nutrients from grain, protein, vegetable, fruit, and dairy foods. Food preferences are easily accommodated.</p>	<p>The <u>House/Regular</u> diet is appropriate for individuals without nutrition-related problems or those with nutrition-related problems who need a liberalized diet to allow more dietary choices to improve intake.</p>
<p>□ Diet Heart Healthy</p>	<p>The Heart-Healthy diet limits the amount of saturated fat (<7% total calories), cholesterol (<200 mg per day), and sodium (2000 mg per day), replacing these foods with heart-healthy unsaturated fats (not refined carbohydrates). Foods with trans fats are eliminated. This therapeutic diet promotes whole grains, fruits, vegetables, low-fat or fat-free dairy, and unsaturated fats (Sacks, 2017; Jacobson, 2015; Eckel, 2014).</p>	<p>Heart-Healthy diet is indicated for the prevention and treatment of cardiovascular disease. This includes conditions such as coronary artery disease, coronary artery bypass graft, myocardial infarction, stroke, dyslipidemia, and heart failure.</p>

<p>□ Diet Consistent Carb 45g/meal, 60 g/meal, 75 g/meal</p>	<p>The consistent carbohydrate diet provides a range of 4-5 carbohydrate servings (60 g-75 g) at each meal along with 0-2 carbohydrate servings (0 g-30 g) during snacks. The amount of carbohydrate is divided between meals and snacks. No foods are omitted from the consistent carbohydrate meal plan unless a different medical condition necessitates the exclusion of certain foods or nutrients</p>	<p>No specific dietary pattern is recommended for the management of diabetes (ADA, 2017). However, this diet may be ordered to assist with regulating blood sugar in people with diabetes or hyperglycemia. Many <u>House/Regular</u> diets meet the requirements for consistent carbohydrate meal plans and can be further modified by the RDN to fit a patient's individual needs without the addition of this therapeutic diet order. There are few long-term studies in older adults demonstrating benefits of intensive glycemic, blood pressure, and lipid control (ADA, 2015); this may warrant the liberalization of the diet order to <u>House/Regular</u> for some patients.</p>
<p>□ Diet Low Sodium</p>	<p>Definition: This is the strictest sodium-restricted diet, which only permits 1.5 g-2 g or 1500 mg-2000 mg sodium each day. This diet requires substitution of standard menu items with low-sodium options in order to achieve sodium limitation goals. Because this diet may be less palatable to patients, they should be educated as to how it may improve breathing and reduce fluid retention. Review lower-sodium options with the patient to maximize food preferences.</p>	<p>Adults with cardiovascular disease, heart failure, kidney disease, or those presenting with edema may benefit from sodium restriction of varying degrees, depending on medical conditions and clinical status. The recommendation to limit sodium intake to less than 2,300 mg per day is based on evidence suggesting that increased sodium intake increases blood pressure in adults (EAL, 2010). Limited evidence suggests an association between increased sodium intake and increased risk of cardiovascular disease in adults (EAL, 2014). All adults diagnosed with prehypertension and hypertension would benefit from lowering blood pressure, and further sodium reduction to 1,500 mg per day can result in even greater blood pressure reduction</p>
		<p>(Eckel, 2013). Even without reaching the lower limits for sodium intake, strong evidence indicates that a reduction in sodium intake can lower blood pressure among people with prehypertension and hypertension (Eckel, 2013). Reduction in sodium intake to 2000 mg to 3000 mg sodium per day has also been shown effective in patients with NYHA Classes I - IV/AHA Stages B, C and D heart failure (EAL, 2017).</p>

<p><input type="checkbox"/> Diet Fiber Restricted</p>	<p>A fiber-restricted diet comprises less than 13 g fiber daily. A fiber-restricted diet contains limited amounts of indigestible foods and avoids whole grains, seeds, whole nuts, raw vegetables, and the connective tissues of meats.</p>	<p>A fiber-restricted diet may be prescribed for patients with a diagnosis of acute diverticulitis, Crohn’s disease, ulcerative colitis, or irritable bowel syndrome or patients recovering from surgery on the gastrointestinal tract (such as for new colostomy or ileostomy). This diet should decrease the volume and bulk of the stool and cause slower movement of foods through the intestines. It may also decrease symptoms of diarrhea, abdominal pain, gas, and bloating. For individuals who have recently undergone gastrointestinal surgery, slowly and progressively increasing fiber intake is beneficial to prevent bowel obstructions.</p>
<p><input type="checkbox"/> Diet Fat-Restricted</p>	<p>Fat-restricted diets limit the total amount of fat served daily to 25% to 35% of total energy. A 2000 kcal per day menu should limit fat to 50 g to 75 g total.</p>	<p>May be indicated if client is having trouble digesting or absorbing fat and may help prevent uncomfortable side effects—such as diarrhea, bloating, and cramping—that may occur with consumption of high-fat foods. This diet is commonly prescribed for disorders of the pancreas, gall bladder, liver, and gastrointestinal tract, as patients with these conditions may benefit from reducing fat intake (Madden, 2017; Greenberg, 2016; Anand, 2012).</p>
<p><input type="checkbox"/> Diet Fiber & Fat Restricted</p>	<p>See “Fiber Restricted” and “Fat Restricted”</p>	<p>See “Fiber Restricted” and “Fat Restricted”</p>
<p><input type="checkbox"/> Diet Gluten Free</p>	<p>A gluten-free diet is a regular or house diet that restricts all sources of gluten and gluten-containing products. Gluten-free grains replace gluten-containing menu options to maintain adequate energy and nutrient profile of the diet. Gluten sources are wheat, rye, barley, and oats (unless it is specified that the product is gluten-free oats). Gluten-free diets are distinct from wheat allergy diets as not all foods that contain gluten are derived only from wheat (such as rye, barley, oats, and any foods made from their ingredients).</p>	<p>Gluten-free diets are required for the medical management of celiac disease or gluten sensitivity. Removal of gluten from the meal plan is essential for gastrointestinal health for individuals with these conditions.</p>

The diet manual used as the basis for the menus and patient education is “*The Nutrition Care Manual*” from the Academy of Nutrition and Dietetics. It is available on each hospital computer via HealthConnect for staff to utilize.

Nutrition care and education for inpatients and outpatients of all ages is provided by our dietitian, who is also certified in diabetes education. Care is individualized to meet each patient’s nutritional needs. The dietitian also teaches a heart-healthy eating class for the Cardiac Rehabilitation participants monthly and works with other hospital departments to offer employee and community wellness programs. The dietitian is available weekdays, except Thursdays, from 8:00 am – 3:00 pm, with weekend coverage as needed for inpatient needs. She can be reached at extension 1370 or at 608-374-0370. Patients that need nutrition education as ordered by physician, but are discharged prior to being seen are offered complimentary education via phone or as an outpatient.

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The hospital cafeteria is open for staff, and guests from 6:30 AM to 6:30 PM Monday – Friday and from 6:30 AM – 6:00 PM on weekends. Hot breakfast is served on weekdays from 6:30 AM to 9:30 AM, and a hot lunch is served on weekdays from 11:00 AM to 1:30 PM. “Grab” & “Go” fresh salads, sandwiches, and wraps are available daily until 6:30 PM on weekdays and 6:00 PM on weekends. Cafeteria menus are available on HealthConnect.

Staff may also order from the Employee Menu available on HealthConnect. The staff menu is available Monday - Friday from 1:30 PM - 5:30 PM and Saturday & Sunday from 7:00 AM -5:30 PM. Please dial extension 4557 to place your order. Meals must be picked up in the TH Café.

FORMS

Attestation to Orientation Health Care Provider Tomah Health

COMPETENCY/REFERENCE DOCUMENTS (RD)

None

ATTESTATION TO ORIENTATION
Medical/APP Provider and
Students/Residents/Fellows

- I understand that the most current Medical Staff Bylaws, Rules, and Regulations can be found on the Medical Staff Reference page on HealthConnect.
- I have viewed the presentations which includes education on the following:
 - ✓ Communication and Teamwork techniques for Optimizing Patient Outcomes
 - ✓ Diversity in Healthcare
 - ✓ Patient Bill of Rights and Responsibilities
 - ✓ Pain Management and Opioid Use
 - ✓ Fall Prevention
 - ✓ Emergency Alerts
 - ✓ Abuse and Neglect
 - ✓ Suicide Prevention
 - ✓ Workplace Violence and Safety
 - ✓ Harassment
 - ✓ MRI and Radiation Safety
 - ✓ Fire Safety
 - ✓ Hazard Communication: Safety Data Sheets (SDS)
 - ✓ Infection Prevention: Bloodborne Pathogens and PPE
 - ✓ Blood Administration
 - ✓ Code Team, Carts, and AED
 - ✓ General Safety and Quality Concerns
 - ✓ Organizational HIPAA overview and Security
 - ✓ Safety Response Protocol

Please provide your preferred email address in the space below:

Signature: _____

Date: _____

Print Name: _____