Accreditation Preparation Guide for Physicians and Advanced Practice Providers

2024 Tomah Health

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.

Highly Reliable Organization (HRO)
According to the Joint Commission, high reliability in health care means consistent excellence in quality and safety across all services maintained over long periods of time. Our patients are counting on YOU to be highly reliable.

In order to achieve and maintain high reliability we must:

- be reluctant to accept "simple" explanations for problems
- have a preoccupation with failure
- defer to expertise
- be resilient

STRUCTURE OF THIS PREPARATION GUIDE

State and Joint Commission surveyors are involving physicians and advanced practice providers (APPs) more directly in the survey process. We have created this booklet to help you prepare for possible questions. In an attempt to best utilize your time, we have structured this booklet to present the most critical information you need to know first.

Part 1: Information the State and Joint Commission are paying attention to during 2023 surveys.
Part 2: Information that physicians and APPs specifically must understand.
Part 3: Topics that all staff, including physicians and APPs must know.

Thank you for your efforts to ensure a successful survey.

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Direct Admission: Clinics will call Acute Care Ward Secretary at 608-377-8440. The ward secretary will transfer the call to the hospitalist for provider-to-

provider handoff. If a hospitalist accepts admission, the ward secretary will contact patient access to have the pre-admission demographic information completed which is necessary for order entry. Patients coming from a clinic via private vehicle will be directed to the front desk on the first floor for registration. If the direct admission is coming via ambulance, EMS will escort the patient through the ambulance bay, directly to the acute care unit, where registration will occur at the bedside. Unstable patients or those requiring a pre-admission work-up will be directed to the Emergency Department.

Parking and Entering Tomah Health
Providers are to park in the employee parking lot and enter through the employee entrance. Call in physicians may use one of the six spots by the ED entrance and enter through the ED. ED providers may park in the GHS employee parking lot closest to the ED and enter through the ED entrance.

PART 1:
2024 CRITICAL STATE AND JOINT COMMISSION INFORMATION FOR PHYSICIANS AND ADVANCED PRACTICE PROVIDERS

My Role as a Credentialed Health Care Provider
The Medical Staff Bylaws, Rules and Regulations outline the practice management for credentialed health care providers. Joint Commission Standards, CMS (Medicare) and Hospital Policies further define medical staff-related guidelines for practice. If you have questions about this please contact Administration, Quality Department or Credentialing office.

Patient Tracer Methodology
Beginning in 2004, The Joint Commission revised their survey approach to intentionally involve many more providers and staff in order to review actual patient care processes as they are occurring.

This enhanced survey review technique is referred to as "patient tracer methodology." With this approach, Joint Commission surveyors randomly select patients to follow through their care experience in the hospital, hospice and outpatient areas. The surveyors will ask care providers, including physicians and APPs, detailed questions about the care provided to those patients or other patients who have received similar care. This is intended to provide a more "real time" view of key care processes and the overall quality and safety of patient care delivered at TH every day.

Making a Difference

Superior patient experience is a priority for our organization. We utilize AIDET (see below) when communicating with patients in order to help put them at ease and ensure they have all the information that is needed.

Adding in a few simple techniques, outlined below, show we care, are courteous, and value our patients and their experiences with us.

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 how long the wait is going to be, how long the test will take or when the family can expect their loved 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. Make it your own with the intent of putting the patient at ease.

ROUNDING:
Rounding is the process in which a staff member (either a nurse, nurse intern or nursing assistant) enters a patient's room to purposely assess the patient's needs. While in the room staff focus their attention on the patient's needs. This is accomplished by focusing on four key concepts — pain, position, potty, and placement of environmental items that may impact safety. Additionally, purposeful rounding allows the employee to improve efficiencies by anticipating patient needs and group cares.

Rounding with staff and providers helps all of us understand the roles each of us play in the care of our patients and helps us to understand that we all have 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, such as infections or confusion on the home care plan and reduce hospital readmissions. A few minutes on the phone to a concerned patient or family member can go a long way.

Code of Conduct: The Medical Staff has adopted a Code of Conduct that serves as a guide to expected behaviors. You may find the Code of Conduct on the hospital intranet, Health Connect on the Medical Staff page.

Patient Safety and Behaviors that Undermine Patient Safety
Disruptive behavior by any member of the health care team is known to pose a significant threat to patient safety. All members of the healthcare team should feel safe to voice opinions and concerns regarding a patient's plan of care.

What is disruptive behavior or behaviors that undermine patient safety?
There is no universally accepted definition of disruptive clinician behavior, it can be defined as anything a clinician does that interferes with the orderly conduct of hospital business, from patient care to committee work. Disruptive behavior must be defined and addressed in the context of its impact on patients, other providers, and the system as a whole. In this context, examples of disruptive behavior include:
- Profane or disrespectful language
- Demeaning behavior, such as name-calling
- Sexual comments or innuendos
- Inappropriate physical touching, sexual or otherwise
- Racial or ethnic jokes
- Outbursts of uncontrolled anger
- Throwing instruments, charts or other objects
- Deliberate failure to adhere to organizational policies without adequate evidence to support the alternative chosen
- Failure to adequately address safety concerns or patient care needs expressed by another caregiver
- Intimidating behavior that has the effect of suppressing input by other members of the healthcare team
- Criticizing other care givers in front of patients or other staff
- Comments that undermine a patient's trust in other caregivers or the hospital
- Comments that undermine a caregiver's self-confidence in caring for patients
- Retaliation against any member of the healthcare team who has reported an instance of violation of the code of conduct or who has participated in the investigation of such an incident, regardless of the perceived veracity of the report

Tomah Health will take all reports of disruptive behavior seriously and address any issues as they arise.

Conflict Management
The hospital has established a conflict management process to effectively manage conflict among leadership groups regarding accountabilities, policies, practices, and procedures to protect the safety and quality of patient care. Definition: Leadership Groups – Board of Directors, Medical Staff Executive Committee, Administrative Leadership (the TH Administrative Team – CEO, CFO, and CNO).

Patient Safety Goals and Guidelines
TH's Patient Safety Officer is Shelly Egstad ext. 8689. The Joint Commission has issued a set of patient safety goals based on noted patient safety trends. All the goals represent safe practice, and all have been adopted and implemented at Tomah Health.

Joint Commission National Patient Safety Goals

Identify patients correctly!
Always use two patient identifiers The patient's room number or physical location is NOT a patient identifier
- Label containers used for blood and other specimens in the presence of the patient
- Follow our two-person verification process for blood product administration
    o For more information refer to 500.GEN.039
- Follow our newborn identification process
    o For more information refer to 500.GEN.070

Improve communication among staff
- Report critical results on a timely basis
    o Tomah Health defines **critical values** as a test result that is beyond the normal variation with a high probability of a significant increase in morbidity and/or mortality in the near future.
    o 500.GEN.069 lists the critical values Tomah Health has defined.
    o Critical results may not be left on voicemail.
    o All critical values must be read back and include the patient's name and result.
    o Critical results are considered a priority and will be called to the provider within 60 minutes.
    o For more information refer to 500.GEN.069

Use medication safely
- Label all medications and solutions

- Labeling of medications must occur when any medication or solution is transferred from the original package to another container and not immediately administered.
  - Remember, "If it hits the table, it needs a label!"
- Labels should include medication/solution name, strength, date, and staff initials.
- If drawing up more than one medication at the same time all medications must be labeled.
- Medications should be labeled one at a time.
- All medications on and off the sterile field in perioperative and other procedural settings require a label – even in only one medication is being used.
- All original containers of medication or solutions must remain available for reference in the perioperative and/or procedural area until the conclusion of the procedure.
- All labeled containers on the sterile field are discarded at the end of the procedure.
- Immediately discard any medications found unlabeled or inappropriately labeled and then report in Clarity.
- For more information refer to 500.GEN.032

- Utilize and teach safe practices for anticoagulation therapy (Tomah Anticoag Policy – Pharmacy page)
- Maintain and share accurate patient medication information
  - Pharmacy and nursing will assist in the collection of medication information, but the reconciliation and ordering of the medication is the responsibility of the provider.
  - For more information refer to 500.GEN.067

Use alarms safely
- 500.GEN.087 lists the clinical alarms Tomah Health departments have identified as the most important clinical alarms to manage.
- The 500.GEN.087 policy lists the alarms that have the most direct relationship to patient safety to include the following information:
  - The alarm
  - When the alarm alerts
  - When alarm signals can be disabled
  - When alarm parameters can be changed
  - Who in the organization has the authority to set alarm parameters
  - Who in the organization has the authority to change the alarm parameters
  - Who in the organization has the authority to set alarm parameters to "off"
  - Monitoring and responding to alarm signals
- Respond to clinical alarms promptly

- For more information refer to 500.GEN.087

Reduce risk of health care-associated infections
- Wash hands according to CDC guidelines
- Adhere to Infection Prevention guidelines

Reduce the risk for suicide
- Tomah Health screens and assesses for suicide ideation in patients who are being evaluated or treated for behavioral health conditions as the primary reason for care.
- Mitigation for suicide is implemented based on the documented overall level of risk for suicide.
- For more information refer to 500.GEN.036

Improve Health Care Equity
- Tomah Health assesses for health-related social needs and provides information about community resources and support services for needs identified.

Universal Protocol
- All patients presenting to Tomah Health for an operative, invasive or high risk procedure will have identification, procedure and site verified at the following times:
    o At the time the procedure is scheduled.
    o At the time of preadmission testing and assessment.
    o At time of admission or entry into the facility for a procedure, whether elective or emergent.
    o Before skin incision/puncture
    o Any time the responsibility for care is transferred to another member of the procedural care team at the time of, and during the procedure.
    o Verification of the correct procedure, correct patient and correct site will be performed with the patient involved, aware and awake if possible.
- Obvious lesions or wound that are site of intended procedure do not need to be marked.
- A time out shall be performed for all invasive and high risk procedures.
- The provider or designee performing the procedure shall initiate the time out after the patient is positioned, prepped and draped with the marked site visible.
- All members of the procedure team shall suspend their activities while this time out is performed.
- During the time out the following will be verbalized:
    o Correct patient identity.
    o Confirmation of the correct side/site.
    o Correct procedure as stated on the consent and visualized during the time out

         o   Stated fire risk score (calculated in Epic prior to the time out, (if applicable)
         o   Administration of antibiotic/ or none given (if applicable)
         o   Does everyone agree or have any concerns?
- For more information refer to 500.GEN.073

Medications:

Indications for Use

Each medication ordered for the patient must have an indication documented by diagnosis, condition or specifically indicated with the order. This documentation must be in the medical record.

Example 1
Diagnosis: Sepsis
Vancomycin 1 gm IVPB every 24 hours.
In the above example, the diagnosis indicates the need for an antibiotic.

Example 2
Morphine 2 mg IV Push every 3 hours as needed for pain rated a 6-8.

Medication Order Writing Guidelines
Do:
• Date and time the order.
• Write the exact dose to be given (mg, mL, etc.).
• Pediatrics: Write dose per weight (mg/kg) AND total dose.
• Always use a zero before a decimal (0.5 mg).
• Indicate route of administration.
• Indicate frequency of administration.
• Indications
• Sign name

Don't:
• Abbreviate drug names
• Write the dose of a liquid med in mL only (specify mg)
• Use a zero after a decimal (2 mg)

Do Not Use" Abbreviations List

DO NOT USE	Approved Alternative
U	Spell out units
IU	Spell out international units
MgSO4, Mag, Mg	Magnesium Sulfate or Magnesium
MSO4, MS, MSIR	Morphine Sulfate, Morphine, Morphine Immediate Release
ug, ug	Mcg
Cc	mL
Gm	Gram
QID	Four times a day
QD	Daily
QOD	Every other day
Tbsp	Tablespoon
Tsp	Teaspoon
Do not write a zero AFTER a decimal (example: 2.0)	Write whole numbers without a decimal (example: 2)
Do not leave a blank space BEFORE a decimal (example: .25)	Write a zero BEFORE a decimal (example:0.25)

Sign, Date and Time all orders/entries.

This requirement applies to all documentation that is handwritten or preprinted. Special attention should be given to signing, dating and timing downtime documentation.

EKGs:

For TH to charge for an EKG read (professional portion of the test) there must be specific items documented within the medical record. A signature on the EKG itself is not enough to charge for the read.

Documentation Requirements:
- ✓ Order for ECG
- ✓ Documentation supporting the need for ECG
- ✓ Signed ECG
- ✓ ECG interpretation must be recorded in the medical record and must include findings, relevant clinical issues, and comparative data (if available).

Informed Consent:
Informed consent is the process by which patients are informed about the procedure including the risks, benefits, alternatives, and outcomes of the procedure.

- This is the responsibility of the provider. The physician or APP may complete the form.
- The nurse may witness the signature of the patient on the consent form. The nurse will ask the patient to look over the form, and ask if the patient has any questions or issues for his or her physician.
  - If the patient does not, the form is signed.
  - If there are questions or issues, the nurse will contact the physician.

REQUIRED DOCUMENTATION: A note should be included in the medical record that a discussion regarding risks, benefits and alternatives was held and the outcome of that discussion. Specific risks, benefits, and alternatives should be listed. In addition, documentation of any educational material used to explain the procedure should be included.

Computerized Provider Order Entry: CPOE is the direct entry of medical orders into the healthcare system's electronic health record (EHR) by licensed providers. The Medical Staff Bylaws require that providers utilize the electronic documentation systems at Tomah Health.

Verbal/Telephone Orders:
Verbal and telephone orders are to be used **only when absolutely necessary in an emergent situation**. A verbal order is any patient-specific direction given by an authorized provider via spoken word either in person or over the telephone. It is provided to a health care professional that is authorized to receive and accept a verbal order. Upon receiving the verbal order from the provider, the authorized caregiver will follow procedure to read back the verbal/telephone order to the provider. This verbal order will be routed to the provider's Epic In Basket to electronically sign.

Verbal and telephone orders must be cosigned within **48 hours**. A covering provider may sign for the ordering provider if the ordering provider is not available. Health Information Services Staff will contact providers as soon as possible to request verbal/telephone orders to be signed.

Critical Test Results: Providers are also expected to repeat back any critical test results that are reported to them by staff.

Discharge Summary Requirements:
The patient's discharge summary shall be fully recorded and signed within 36 hours after discharge. A discharge summary is required for any patient assigned to observation or admitted as Medical Inpatient.

Epic In Basket:
This is an important hub for your patient communication from staff, orders, verbal/telephone orders, results, notes, prescriptions, etc. In order to provide the best patient care, it should be checked **daily**. You will receive Epic training from the IS Clinical Informatics team and/or reach out to IS Help Desk at 8670 option #2 with questions or concerns Monday thru Friday 6:00 am to 5:00 pm. It is also important you intermittently log in when remote in order to address any lagging results, notes and or requests.

PART 2:
GENERAL JOINT COMMISSION
INFORMATION FOR PHYSICIANS
AND ALLIED HEALTH PRACTITIONERS

Against Medical Advice/AMA
If a patient chooses to leave against medical advice, staff should contact the physician/provider immediately to discuss the risks of leaving. In addition, the patient should be encouraged to sign an AMA form.

Emergency Medical Treatment and Active Labor Act/EMTALA (Transfer Policies)
If a patient presents for emergency treatment, a Medical Screening Exam must be performed to identify an emergency condition and stabilizing treatment provided if indicated. Patients who are determined to need a higher level of care, whether in the ED or hospital, must have the risks and benefits of transfer explained and transfer consent completed and signed. Providers must contact a provider at the receiving facility and document the name of the accepting provider. In the ED, a physician or APP may perform the medical screening exam. In Women's Health, specifically trained RNs may provide this screening per medical staff approved protocols.

History and Physical Examination Requirements
- A complete history and physical examination shall be completed within 24 hours of admission or available to OR staff 24 hours prior to the planned procedure.
- A completed history and physical examination obtained from the physician's office/clinic is acceptable if it is completed within thirty (30) days prior to the date of admission. **An update must be completed**

prior to the procedure or at the time of admission unless the H and P was completed within 24 hours prior to the day of procedure or admission.

Elements of the H&P and recommended pre-operative testing can be found at: 100-MSF-017 History and Physical Assessments.

Updates to Joint Commission Medical Staff Standards

Three new concepts are introduced in the revised Credentialing and Privileging Standards.

1. 6 Areas of General Competencies
   - Patient Care (provide compassionate, appropriate and effective care)
   - Medical/Clinical Knowledge (Demonstrate knowledge of established clinical and social sciences and the application of their knowledge to patient care and the education of others.)
   - Practice-Based Learning and Improvement (Use scientific evidence and methods to investigate, evaluate and improve patient care practices.)
   - Interpersonal and communication Skills (Establish and maintain professional relationships with patients, families, and other members of the healthcare team.)
   - Professionalism (Demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice an understanding to diversity and a responsible attitude toward their patients, profession and society.)
   - Systems based practice (Demonstrate both an understanding of the contexts and systems in which healthcare is provided and the ability to apply this knowledge to improve and optimize healthcare.)
2. Ongoing Professional Practice Evaluation (OPPE) – Requires the medical staff to conduct an ongoing evaluation of each provider's professional performance. (Such as every 6 months vs. every 2 years)
3. Focused Professional Practice Evaluation (FPPE) – Provides the basis for obtaining organization-specific information of current competence for practitioners.
   Can be used in these two circumstances:
   - When a provider has credentials to suggest competence, additional information or a period of evaluation is needed to confirm competence in the organization's setting.
   - If questions arise regarding a provider's professional practice during the course of the OPPE.

Patient Safety Concepts:
Patient Safety is a priority at Tomah Health. A Patient Safety Plan was written to guide our safety efforts. The Plan includes looking at areas that have known risks to patients, such as, the risk of falls and medications related incidents. It also focuses on developing actions to reduce risk to patients by evaluating processes instead of focusing on blaming individuals.

Staff and providers are encouraged to report without fear of retribution any issues or processes they may see as problem prone or that may pose a risk to patients. Prevention, not punishment, is the preferred method of achieving a safe healthcare experience for our patients. Patients also have a key role in achieving safe care. Staff should encourage patients to ask questions and not be afraid to speak up if they have questions. Ultimately, the Patient Safety initiative can only be successful if all staff and providers at all levels of the organization participate in emphasizing safety and taking responsibility for improving the care we deliver.

A key patient safety strategy is to encourage patients' active involvement in their own care.
Tomah Health educates patients and families of the Rapid Response Activation and encourages reporting of any concerns regarding their care. The Rapid Response Activation number is posted in all inpatient rooms. The Rapid Response Activation alerts a Patient Care Coordinator or Nurse Director to respond.

Each patient is given information on "Speaking Up" which encourages patients and families to speak up. In addition, patients and families are educated regarding hand hygiene and infection control measures. All surgical patients are informed of what measures will be taken to reduce infections and what measures they can take to assist in prevention infections.

Other activities related to Patient Safety include:
- Medication Safety Committee
- Fall Risk Assessments
- Reporting "Near Misses" or "Good Catches"
- Root Cause Analysis (in-depth incident review)

Code Team
Tomah Health has a Code Team that will respond to all medical emergencies on the hospital campus. The Code Team is a multi-disciplinary team which includes: a Nurse Director/PCC, RT, ED staff, & Acute Care staff.

If a medical emergency occurs in an outpatient department or public area, responders should: provide CPR with an AED, and alert the Code Team by paging overhead or pressing the CODE button on the call panel in patient care

areas. The Code Team will respond and assess the patient. BLS is provided when necessary and the patient is transferred to the ED for evaluation and treatment.

AED's are located throughout Tomah Health. Locations are:
- 1st floor - Public Elevator, Rehab Services, Specialty Clinic Cardiac Rehab, and Imaging.
- 2nd floor - Public Elevator
- 3rd floor - Public Elevator and Sleep Lab

If a medical emergency is called in a patient care department (ie: OR, Acute Care, or Women's Health), the Code Team will respond and the Code Team Leader will call the appropriate provider to that location.

ED: ED provider will respond to codes in the emergency department.

Acute Care: Hospitalist will respond when in house, the ED physician to respond when the hospitalist is not in house. ED provider will hand off care to the hospitalist on their arrival to the unit.

OR: In house OR provider will respond.   If no provider is in the department, the code team leader will call appropriate provider, either hospitalist (for current Acute Care or Women's Health patient) or ED physician (for any non-inpatient person).

Women's Health: In house WH provider will respond. If no provider in the department, the code team leader will call the Hospitalist if in house or the ED physician to respond.

Code Carts
Code carts are strategically located throughout Tomah Health in the event of a medical emergency. Locations are ED, OR, and Acute Care. If a Medical Emergency is called in Women's Health, the cart will be brought from Acute Care to Women's Health.

TeamSTEPPS - We're all on the same Team!
Tomah Health utilizes the TeamSTEPPS model. TeamSTEPPS is an evidence-based set of teamwork tools aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals.
Staff have been trained to use standardized terms. When there is a concern about a patient care situation. The staff are instructed to use C-U-S. C-U-S is an acronym that stands for Concern, Understand and Safety. You may hear a statement or statement such as, "I am **concerned** about the IV rate in this

patient with CHF." "I do not **understand** why the IV rate is 250 ml/hour." "I have a **safety** concern that this patient will have fluid overload."

The other TeamSTEPPS tool that is used is SBAR. SBAR is an acronym that helps to standardize information when giving report or handoff or simply asking a question. S-Situation, B-Background, A-Assessment, R-Recommendation.

Huddles and Debriefings
> Huddles can be used prior to shifts, procedures and after falls or incidents. They allow immediate check in to get everyone on the same page.
> Debriefings are typically done after an event to help identify problem areas and improve strategies in the moment. This allows for open communication and feedback.

Crucial Conversations
When done skillfully and in a timely manner, difficult conversations can resolve misunderstandings, reduce conflict and support a health work environment
Avoid having conversation when you are experiencing anger,
Start with-Mutual purpose, what do you both want?
I feel….(Describe your emotion)
When you….(Describe factually what the person did)
Because…..(Describe why those actions affected you)
I would like…..(Suggest a solution)
What do you think?.....(Really listen)
Reflective listening…..(Paraphrase/summarize)

Failure Mode and Event Analysis (FMEA)
FMEA is a proactive way to evaluate risk in procedures and/or processes. FMEA's are typically completed for new surgical procedures, new equipment and new service lines. We strongly encourage you to consider doing a proactive risk assessment with any change or new procedure. Contact Shelly Egstad, ext 8689 with questions.

Patient Restraints
Restraints are used as a last resort. The Joint Commission standards require a physician's order, face to face evaluation, frequent reassessments and frequent re-ordering for the application of any restraint.

Sentinel Event

A Sentinel Event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:

- ➢ Death
- ➢ Permanent harm
- ➢ Severe temporary harm

Examples of a sentinel event may include but are not limited to:

- Suicide of any individual receiving care, treatment or services in a staffed around-the-clock care setting or within 7 days hours of discharge.
- Unanticipated death of a full-term infant.
- Abduction of any individual receiving care, treatment or services.
- Discharge of an infant to the wrong family.
- Any elopement (unauthorized departure) of a patient from a staffed around-the-clock care setting (including the Emergency Services Department) leading to the death, permanent harm, or severe temporary harm of the patient
- Rape, assault (leading to death, permanent harm, severe temporary harm, or intervention required to sustain life), or homicide of any patient receiving care, treatment or services while on site at the hospital
- Rape, assault (leading to death, permanent harm, severe temporary harm, or intervention required to sustain life), or homicide of a staff member, licensed independent provider, visitor, or vendor while on site at the hospital
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities.
- Invasive procedures, including surgery on the wrong individual, wrong body part, or wrong surgery or operative procedure.
- Unintended retention of a foreign object in an individual after surgery or other procedure.
- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter).
- Prolonged fluoroscopy with cumulative dose >1500 rads to a single field, or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose.
- Flame or unanticipated smoke, heat, or flashes occurring during an episode of patient care
- Any intrapartum (related to the birth process) maternal death or severe maternal morbidity

1. A distinction is made between an adverse outcome that is primarily related to the natural course of the patient's illness or underlying condition (not reviewed under the Sentinel Event Policy) and a death or major permanent loss of function that is associated with the treatment (including "recognized complications") or lack of treatment of that condition, or otherwise not clearly and primarily related to the natural course of the patient's illness or underlying condition (reviewable). In indeterminate cases, the event will be presumed reviewable and the organization's response will be reviewed under the Sentinel Event policy according to the prescribed procedures and time frames without delay for additional information such as autopsy results.

2. "Major permanent loss of function" means sensory, motor, physiologic, or intellectual impairment not present on admission requiring continued treatment or life-style change. When major permanent loss of function cannot be immediately determined, applicability of the policy is not established until either the patient is discharged with continued major loss of function, or two weeks have elapsed with persistent major loss of function, whichever occurs first.

- For laboratories, as required by standard QC.5.280, a confirmed fatal transfusion reaction must be reported to the FDA Center for Biologics and the Joint Commission within seven days.

- All events of surgery on the wrong patient or wrong body part are reviewable under the policy, regardless of the magnitude of the procedure.

- Rape, as a reviewable sentinel event, is defined as unconsented sexual contact involving a patient and another patient, staff member, or unknown perpetrator while being treated on the premises of the health care organization, including oral, vaginal or anal penetration or fondling of the patient's sex organ(s) by another individual's hand, sex organ or object. One or more of the following must be present to determine reviewability:
    - Any staff witnessed sexual contact as described above.
    - Sufficient clinical evidence obtained by the organization to support allegations of unconsented sexual contact.
    - Admission by the perpetrator that sexual contact, as described above, occurred on the premises.

PART 3:
KEY INFORMATION ON
TH HEALTH PROCESSES

SECTION 1: ETHICAL ISSUES
Ethics Process
Tomah Health established an Ethics Advisory Team with the purpose of providing a formal mechanism to provide education, a forum for discussion and a resource to deal with ethical issues or perceived ethical issues that arise within the context of the delivery of care. An attending provider, any member of the health care team, the patient, the patient representative (support person) or any family member may seek consultation regarding ethical dilemmas. The Ethics Advisory Team will provide consultation to requesting parties for situations with social/bioethical implications. Consultation goals may include: correcting misunderstandings, assisting in obtaining needed information, allowing ventilation of emotions, and/or otherwise aiding in the resolution of disputes and providing support for decision makers. Ultimate decision-making authority resides with the provider, patient and family. Any recommendations resulting from a consultation is merely advisory. The Ethics Advisory Team consists of membership from medical staff, hospital employees, administration and the community. An ethics consult can be obtained by contacting administration or Patient & Family Services staff.

TOMAH HEALTH CORPORATE COMPLIANCE PHILOSOPHY
Tomah Health is committed to high ethical standards, sound business practices, fair treatment and compliance with applicable laws and regulations. **You help us achieve this by alerting us to concerns and asking questions.**

TH's compliance program is designed to keep an organization in compliance with applicable legal requirements, by deterring and detecting violations of law. Should you encounter a situation which concerns you, ask a supervisor, manager or Administrative staff for guidance. Should these individuals not be able to help contact the Compliance Officer, Shelly Egstad at extension 8689 or the Compliance Hotline at 1-608-377-8698.
What are some potential compliance violations?
- Health Care Fraud: Intentionally, or knowingly and willfully attempting to execute a scheme to falsely obtain money from any health care benefit program.
    - Billing for services or supplies that were not provided
    - Misrepresent the diagnosis for the patient to justify the services or equipment furnished
    - Altering a claim or code to obtain a higher payment
    - Engaging in duplicate billing

- Requesting or obtaining additional payments for covered services from the beneficiary
- Intentionally submitting incorrect, misleading or fraudulent information to any payer of medical services
- Misrepresenting the services rendered on the billing forms
- Engaging in a pattern of billing, certifying, prescribing or ordering services that are not medically necessary or, if medically necessary, not to the extent necessary
- Medicare Fraud: Purposely billing Medicare for services that were never provided or received.
- Abuse: Improper behaviors or billing practices that create unnecessary costs. Fraud is distinguished from abuse in that, in the case of fraudulent acts, there is clear evidence that the acts were committed knowingly, willfully, and intentionally or with reckless disregard.
- Waste: Health care spending that can be eliminated without reducing quality of care
  - Quality Waste: Overuse, underuse, and ineffective use
  - Inefficiency waste: Redundancy, delays and unnecessary process complexity
- False documentation of care, treatment or services
- Any form of harassment, including sexual
- Stealing hospital supplies including food, cleaning supplies, or medications

Relevant Laws

- **False Claims Act (FCA):** The *False Claims Act* prohibits any false or fraudulent claim for government money or property, whether or not the claim is presented to a government official, and whether or not the defendant specifically intended to defraud the government. Liability attaches to government funds dispersed through intermediaries including state agencies and may apply to subcontractors as well as funds received from Medicare Advantage Plans and Medicaid HMOs. *American Recovery and Reinvestment Act of 2009 (ARRA)*
- *Whistleblower Protections:* An employee, former employee, or member of an organization who reports misconduct to people or entities that have the power to take corrective action allows the individual to:
  - Report fraud anonymously
  - Sue an organization on behalf of the government and collect a portion of any settlement that results

  Employers cannot threaten or retaliate against whistleblowers
- **Anti-Kickback Statute**: makes it a criminal offense to knowingly and willfully offer, pay, solicit, or receive any remuneration to induce or reward referrals of items or services reimbursable by a Federal health care program. Remuneration includes anything of value, directly or indirectly, overtly or covertly, in cash or in kind.

What will happen if I do report a potential violation?
Tomah Health prohibits any staff or provider from retaliating against or engaging in harassment of another health care team member who has reported suspected wrongdoing. Administration has the responsibility to create a work environment in which ethical and legal concerns can be raised and openly discussed without fear of retaliation or retribution.

COMPLAINTS/CONCERNS:
There are numerous options for reporting complaints or concerns.
1. Contact the department manager
2. Contact the Director of Quality ext 8689
3. Contact Joint Commission
   - By e-mail: www.jointcommission.org
   - By Mail: Office of Quality Monitoring
     The Joint Commission
     One Renaissance Blvd
     Oakbrook Terrace, IL 60181
   - State of Wisconsin, Division of Quality Assurance at 1-800-642-6552
There will be no retaliatory disciplinary action if reported to any of the above.
   - State of Wisconsin, Division of Quality Assurance 608-266-0224 or 1-800-642-6552
There will be no retaliatory disciplinary action if a concern is reported to any of the above.

SECTION 2: PATIENT RIGHTS: HIPAA
TH's HIPAA Privacy Officer is Miranda Childress, RHIT ext. 8600. 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

The Notice of Privacy Practices outlines patient rights, under this regulation patients have the right to:
- Access, inspect, obtain a copy and request to amend their health information
- 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.
- 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.
- May request that their PHI be received or delivered via an alternative confidential means or location (no explanation required).

Confidentiality/Security

Here are tips to help you protect confidentiality and security at TH:

- Access to information is on a need-to-know basis. Information is not to be accessed to satisfy curiosity or when you are not part of the patient's treatment team. Examples of inappropriate access: Checking daughter's lab work, looking up a birthdate of a coworker. Community crime event and accessing the system to see what patient(s) were seen; Heard that a famous person was seen at the facility and checking to see if it is true.
- Wear your hospital ID badge at all times while working to ensure that unauthorized access to confidential information does not occur.
- Route requests for any TH records for any purpose through HIS department.
- Your password is for you only. It must not be shared with anyone else. Passwords must meet the requirements set forth by the EHR you are utilizing.
- Protect patient records from public view.
- Limit medical information about patients listed on displays that might be seen by the public to the minimum necessary to effectively ensure patient safety and maintain confidentiality.
- Conduct interviews with patients/families in a private area.
- To ensure privacy, pull curtains, knock on doors and properly cover patients.
- Patients should not be discussed in public places such as elevators, cafeterias, etc.
- "Non-disclosure" means that we will not give out any information about a patient.
- Regularly assess, "Who can hear/see what I am doing?"
- Computer workstations must be protected from unauthorized access and improper use. **Use Ctrl-Alt-Del** to lock computer workstations when leaving the area.
- Be aware of consequences for non-compliance.
- Shred or properly dispose of all documents/electronic media containing PHI appropriately. Do not store PHI information on improperly secured devices like flash drives, CD's, laptops, etc. If using these mobile options, protect from loss or theft.
- Email is like a postcard and can be viewed as it is transmitted to the recipient. Do not send PHI via email unless it is encrypted appropriately. Please contact IS at 8670, if you do not know how to encrypt.
- Social Media resources are not appropriate places to post discussions that would be unprofessional (i.e. TH doesn't play nice in the sandbox) or post patient information even if you think it is de-identified
- Report incidents, security concerns, and breach of information promptly. You can use the Incident reporting system, contact HIPAA Privacy/Security officers and/or the Compliance Director.

Advance Directives

Advance directives pertain to treatment preferences and the designation of a surrogate decision-maker in the event that a person should become unable to make medical decisions on their own behalf. Upon admission, all adult inpatients are asked if they have an advance directive. If yes, we attempt to obtain a copy to place in the paper chart and scan into the electronic medical record. If a patient does not have an advance directive, they are offered information. The Patient & Family Services staff are also available to assist patients in formulating or changing their advance directives.

A Physician Orders for Scope of Treatment (POST) form is a set of medical instructions (provider's orders) for health care professionals in the community setting to honor a patient's treatment preferences for life-sustaining measures during an emergency. This bright yellow form included instructions for CPR, a breathing tube and feeding tube. This form is recommended for those in alternate care facilities, terminally ill or frail individuals who live in their homes that want to ensure their end-of-life wishes are followed by heath care personnel. The form travels with the patient from hospital, nursing home or their own home. Ideally, the original form is brought in by the patient or EMS. When a patient is discharged, the original copy should be sent with the patient. If you have questions or would like more information, please contact Patient and Family Services at 608-377-8443.

Patient Rights and Responsibilities

Patient's Bill of Rights is a list of assurances for those receiving medical care. The goal is to promote patient's rights to their information, fair treatment, and autonomy over medical decisions among other rights. A few are listed below. A complete list of the Patient's Bill of Rights is located on the Health Connect intranet site.

Patients have the right to:
- Expect quality medical care and treatment
- Be treated with respect and dignity
- Receive continuity of care
- Receive medical information and give or withhold consent
- Accept or refuse treatment
- Execute advance directives
- Receive financial information regarding their bill
- Expect personal safety
- Know who their caregivers are
- Be involved in decision-making
- Expect privacy and confidentiality

- Receive visitors, subject to their consent, whom they designate, including, but not limited to a spouse, a domestic partner (including a same-sex partner), another family member or friend. Patients have the right to withdraw or deny consent at any time. If it is necessary to impose reasonable, clinically necessary restrictions or limitations on visitors then the reason for the restriction or limitation should be explained to the patient or their support person and be documented in the EHR.
- Access protective services if needed
- Appropriate assessment and management of pain

Pain Management/Opioid Use

Tomah Health is committed to managing and treating pain in the safest possible way, and we believe that chronic pain is best managed by a primary care provider or chronic pain specialist.

In treating acute pain, if opioids are indicated, the lowest dose and fewest number of opioid pills needed should be prescribed.
- In most cases, less than 3 days' worth are necessary.
- Providers are required to review the Wisconsin Prescription Drug Monitoring Program (PDMP) data to determine whether the patient is receiving opioid dosages or medication combinations that put him/her at high risk for overdose.
- Prescribing opioids is strongly discouraged in patients taking benzodiazepines or other respiratory depressants.

Tomah Health has developed a policy on managing and caring for patients with chronic pain in the ED. We do not replace lost or stolen prescriptions for controlled substances. Non-opioid therapies should be encouraged and prescribed when indicated. Tomah Health also can offer suboxone therapy. Additional guidelines can be found from the State of Wisconsin Medical Examining Board.

SECTION 3: QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

Performance Improvement (PI)
Performance Improvement is an ongoing effort to find new and better ways of doing things, such as reducing rework, improving efficiency, reducing costs and improving quality and value of the work we do.

Improvement Methodology
TH uses the 3 questions, Plan-Do-Study-Act (PDSA) Model for Performance Improvement:

3 Questions:
1. What is the aim – what are we trying to accomplish? **(Define and understand the opportunity/problem)**
2. How will we know the change is an improvement? **(Understand current situation, baseline measurement)**
3. What changes can we make that we predict will result in improvement? **(Improvement cycle – develop concepts, identify and test specific changes, implement change, evaluate change, hold the gains)**
P = PLAN how to collect baseline data or review current data. Identify the opportunity or problem.
D = DO the improvement or make the change. Measure the process or outcomes.
S = STUDY the results to determine whether change led to the expected improvement. Use graphs, control charts, histograms, etc.
A = ACT to maintain the improvement and continue to improve the process OR revise the plan and act to improve the process.

Some TH PI Initiatives for 2024 include:
- Opioid Stewardship
- Improving patient experience
- Decreasing infection rates
- Improving alarm management process
- Decreasing employee turnover rates
- Improving employee and medical staff experience scores
- Decreasing denials and rebills

Check How We Are Doing
- ➢ The Quality Dashboard is available on the public drive on Health Connect. Each department and most committee's metrics can be found here.
- ➢ TH's publicly reported data found at:
  - ▪ www.wicheckpoint.com
  - ▪ www.qualitycheck.org
  - ▪ www.hospitalcompare.hhs.gov
  - ▪ www.jointcommission.org
  - ▪ www.wipricepoint.com

SECTION 4: HEALTH OF OUR PATIENTS, FAMILIES AND FELLOW STAFF MEMBERS

INFECTION PREVENTION

1. The Infection Preventionist(s) are responsible for managing the infection control program. The Infection Preventionists are Candi Newlun and Jenna Cornell (ext. 8455).

2. Infection prevention efforts must be especially diligent in a hospital due to the combination of a susceptible patient population, antibiotic pressure on microorganisms and invasive procedures, etc. A good infection prevention program helps prevent the spread of infection in many different ways including effective disinfection and sterilization of equipment, strict aseptic technique, maintaining a clean environment and following established guidelines from the CDC, OSHA, and various professional organizations.

3. Preventing infections has become a top priority for many regulatory agencies. The cost of treating many infections that are considered preventable will not be reimbursed, and the seriousness and number of multidrug resistant drug infections continues to rise. *Please note: wearing a surgical mask is now required when placing a catheter or injecting material into the spinal canal or subdural space (i.e. during myelograms, lumbar puncture and spinal or epidural anesthesia.)*

4. **HANDWASHING** is the single most important way you can prevent the spread of infection. Unfortunately, Health Care Workers often harm the very

patients they are trying to help by carrying disease-causing organisms on their hands. You **must** wash/sanitize your hands:
- ✓ before and after each patient contact,
- ✓ before invasive procedures,
- ✓ **after** removing gloves,
- ✓ **after** removing gloves and before applying clean ones in a dressing change
- ✓ after using the restroom, and
- ✓ before and after eating

Per the CDC, alcohol-gel hand sanitizer is the preferred method because it is a fast, convenient way to sanitize hands, especially before patient contact. Use enough gel to wet hands thoroughly and rub together until dry (at least 20 seconds). A good motto is: "Gel in, gel out." Staff have been empowered to remind each other and providers to wash/sanitize their hands. If you see someone about to touch a patient without cleaning their hands, use the phrase, "Let's all gel up", and head toward the sanitizer as a gentle reminder in front of patients. **Soap and water should be used if hands are visibly soiled or in the presence of spores-forming organisms (C-Diff, anthrax, Candida auris, etc).**

5. Antibiotic Stewardship: Overuse of antibiotics or using the wrong antibiotics can lead to antibiotic resistance and the growing problem of clostridium difficile infections. Antibiotics should not be prescribed for viral infections. Patient education materials are available for use, as well as "Cold Care Kits" and "Sinus Flush Kits" to be given to patients in the ED when a viral infection is diagnosed. Pharmacy monitors antibiotic use for appropriateness. An Antibiotic Stewardship Plan has been written and a committee formed. The committee is taxed with evaluating antibiotic use and implementing strategies to reduce use when able.

6. Tomah Health adheres to the OSHA blood borne pathogen standard. OSHA requires Standard Precautions to be used on all patients to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection. This is a system of using protective barriers including: gloves, masks, goggles and cover gowns in order to prevent exposure to potentially infectious materials. Precautions must be used for all blood, body fluids, secretions and excretions except sweat, regardless of whether they contain visible blood, non-intact skin, or mucous membranes. *Please note: Wearing a surgical mask is now required when placing a catheter or injecting material into the spinal canal or subdural space. (I.E. during myelograms, lumbar puncture and spinal or epidural anesthesia.) Goggles and masks are to be worn during cardio-pulmonary resuscitation (CPR) events.* **Provider Exposure:**
If you receive an exposure to a Blood Borne Pathogen while working, TH will provide follow-up as needed. Please report all exposures promptly.

7. The CDC has now made Respiratory Hygiene/Cough Etiquette part of Standard Precautions. Coughing patients should be offered a mask. You are expected to protect yourself by masking when a patient has a cough and fever. If isolation signage is outside the patient's room, follow instructions on the sign to protect yourself from potential illness.

8. Reducing Catheter Acquired Urinary Tract Infection (CAUTI). The best way to reduce the number of CA-UTI is to reduce the number of catheter days. Urinary catheters are indicated for:
- Acute urinary retention or obstruction
- Perioperative in selected surgeries
- Assist healing of perineal/sacral wounds in incontinent patients.
- Neurogenic bladder
- Hospice/comfort care/palliative care
- Required immobilization for trauma or surgery
- Accurate I&O in critically ill patients
- Chronic indwelling catheter on admission.

Urinary catheters are NOT indicated for (per the CDC)
- Incontinence
- Morbid Obesity
- Confusion
- Immobility
- Output monitoring outside of intensive care

By reducing the number of catheters used, we reduce the number of infections, thus the number of antibiotics used and resistance. Providers have embraced this project and our utilization ratio is below the national rate.

9. Central Lines: Tomah Health has adopted evidence-based practices to prevent central line-associated bloodstream infections
- A standardized protocol and checklist is used for catheter insertion.
- Chlorexidine-based antiseptics are used for skin preparation.
- Catheter hubs and injection ports must be disinfected for 15 seconds before use ("Scrub the Hub"), or port protectors are used that keep the hub bathed in alcohol.
- Hand hygiene is performed prior to catheter insertion or manipulation.
- Femoral vein sites are not used for adults unless another site is unavailable.
- Catheters are removed as soon as they are not needed.

Shared Equipment
Shared equipment including stethoscopes should be cleaned between patients. A larger size alcohol wipe is available for your convenience. Small UV boxes are also available for sanitizing items such as badges and keys and are located in Acute Care, Emergency Services and Surgical Services departments. UV boxes may be used by any staff.

Safe Injection Practices
The *One & Only Campaign* is a public health campaign, led by the Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition (SIPC), to raise awareness among patients and healthcare providers about safe injection practices. The campaign aims to eradicate outbreaks resulting from unsafe injection practices.

Three Things Every Provider Needs to Know About Injection Safety:

1. Needles and syringes are single use devices. They should not be used for more than one patient or reused to draw up additional medication.
2. Do not administer medications from a single-dose vial or IV bag to multiple patients.
3. Limit the use of multi-dose vials and dedicate them to a single patient whenever possible. Multi-dose vials should never be used in the immediate patient care area.

Only when staff and providers both insist on One Needle, One Syringe, Only One Time for each and every injection will the risk of contracting infectious disease through injections be eliminated.

Attire
White coats, if worn, should be laundered frequently. It is recommended that healthcare personnel remove white coats for patient contact. Optimally, any apparel worn at the bedside that comes in contact with the patient or patient environment should be laundered after daily use. Scrubs/jackets with other facility affiliation cannot be worn at TH. Scrubs are available for OR, Women's Health and ED providers. Footwear should have closed toes and non-skid soles.

Reporting of Suspected Hospital Acquired Infections
Since hospital stays are so short, we rely on you to report any infections back to Infection Prevention. If you suspect the infection may have been related to a hospital stay or a procedure performed at TH, reporting may be done by phone, e-mail or Clarity. If the infection is in a surgical site, the surgeons have indicated they want to be notified at the time of diagnosis-especially orthopedic cases.

Transmission Based Precautions
Patients with infectious organisms may be placed on increased precautions other than the normal Standard Precautions. The type of isolation precautions chosen is based on how the organism is transmitted and may be air-borne, droplet, contact or contact plus isolation. Contact plus signage indicates that the patient has a highly contagious organism such as C-diff, Norovirus, Candida auris, etc. The signage signals housekeeping to clean the room with a bleach product and for staff to use soap and water for hand hygiene as alcohol-based hand sanitizers are ineffective against these organisms. Signage sold remain up until the room has been cleaned appropriately. Please follow the posted guidelines - you are the example for staff!

C-DIFF
Contact Plus precautions can be lifted 48 hours after the last loose stool. If a patient is admitted with a diagnosis of rule out c-diff, precautions can be discontinued if there has been no stool in 24 hours, or if a tested specimen comes back negative for c-diff.

Unformed stool specimens for c-diff testing will be accepted by the lab, any formed stools or contaminated specimens will be rejected for testing. See policy (500Mol/Ceph.002 - Cepheid GeneXpert C-diff)

Infection Prevention Page
Infection Prevention maintains a page on the hospital intranet. It has links to information from the department of health on communicable diseases like:
- pertussis,
- mumps,
- respiratory illnesses.
- rabies (treatment/prevention flowchart is posted)
- donning and doffing PPE
- CDC information
- Resources and other clinical links for disease information

Influenza Vaccine
Influenza vaccination has been shown to reduce illness in patients and staff. It is now also a pay-for-performance reimbursement issue. All staff, students, contract workers, and providers who do not receive a vaccine will be asked to mask at all times in the facility during flu season. This is outlined in the 300-EMP-006 Influenza Prevention Plan policy.
Every provider has an important role in infection prevention!! We rely on each of you!

IMPAIRED PROFESSIONAL PROGRAM
Refer to P&G 100-MSF-009
Tomah Health, in participation with its medical staff, has instituted an Impaired Professional Program. The goal of this program is assistance and rehabilitation, rather than discipline, and to aid Credentialed Healthcare Providers in retaining or regaining optimal professional functioning, consistent with protection of patients.

Credentialed Healthcare Provider Illness and Impairment at Risk Criteria

The following is a non-inclusive list of Credentialed Healthcare Provider general risk factors related to illness and impairment.   This list is meant to provide education only on the risk factors facing Credentialed Healthcare Providers related to illness and impairment.

- Family (first degree relatives) history of:
  - Behavioral health disorders
  - Mental health disorders
  - Chemical dependency/addiction
- Environmental/Social factors:
  - Friends that abuse
  - Domestic discord/family problems
  - Exposure to mood altering substances (emphasis on opioids)
    - Direct administration of medications
- Personal history of addiction
  - Cigarette smoking (nicotine)
  - Early (age) history of drinking or chemical use
  - Frequent or large volume alcohol use
- Professional factors:
  - Member of at risk specialty:
    - Anesthesiology
    - Emergency Medicine
    - General/Family Practice
  - Ability/tendency to self-prescribe
  - Financial factors:
    - Decreasing remuneration
    - Decrease in patient population
    - Increase in costs of practice
    - Loss of partners/health plan contracts
  - Responsibility to patient population:
    - Frequent "on-call" required
    - Increase in medical/technological advances
  - Malpractice issues and concerns
- Personal factors:

- Social isolation
- Extreme fatigue/sleep deprivation
- Lack of spiritual belief system
- Lack of exercise and leisure time
- Improper nutrition/meal skipping
- Manages stress poorly
- Displays attitudes of:
  - Perfectionism
  - Narcissism
  - Altruism/Idealism
  - Poor self esteem/low self worth
- Obsessive-Compulsive behaviors
- Pattern of treating self/self diagnosis
  - Has no personal physician
  - Resists role of patient when this becomes necessary

CREDENTIALED HEALTHCARE PROVIDER
Illness and Impairment
Identification Signs and Symptoms

In addition to the usual clinical signs and symptoms of the chemically impaired individual, the following should be considered in the identification of the ill or impaired Credentialed Healthcare Provider. As the issue of identifying a health care practitioner as ill or impaired is a highly sensitive issue, all signs, symptoms and factors should be considered in light of the individual's known personality and professional conduct (i.e., if a practitioner works a lot of call hours, one would expect that practitioner to display signs of extreme fatigue during periods where many hours of call have been worked, without rest. Another example would be the practitioner whose particular style of dress was the relaxed, "rumpled" look – a red flag would not be raised if that practitioner was seen looking a bit untidy as this may be his/her usual manner of appearance, slipping a little on a busy or "bad" day. However, the flag would become raised if the relaxed mode of dress moved from the rumpled look to the completely unkempt and disheveled look). Staff wishing to report suspected unaddressed illness or impairment of a Credentialed Healthcare Provider should follow the process outlined in the Impaired Professional Program policy and guideline and should be aware that reporting is conducted in a confidential manner on behalf of the informant.

- Physical appearance:
  - Unkempt, disheveled, fatigued
  - Poor personal hygiene
  - Bloodshot eyes, yellowed sclera, constricted/dilated pupils
  - Tremulous
  - Diaphoretic
  - Ataxic gait

- Unexplained rhinitis (runny nose)
- Unexplained raspy voice or hoarseness of throat
- Unexplained bruises/needle marks (needle tracks)
- Unexplained weight loss or erratic weight changes
- Smell of alcohol on body or breath
- Personal behavior:
  - Irritability, Mood swings, Forgetfulness
  - Outbursts of anger/inappropriate anger/inability to control anger
  - Arguments with staff, patients and colleagues
  - Overreaction/hypersensitivity to criticism
  - Sexually inappropriate, sexually promiscuous
  - Frequent medical complaints without specific diagnosis (indigestion, fatigue, insomnia, depression)
  - Unusual professional performance
    - Inappropriate orders
    - Deviation from standard process, procedures or protocols
    - Inappropriate, inaccurate or inadequate documentation in medical record and other medico-legal documents
    - Deviates from standard medication management procedures
      - Wastes narcotics without witness
      - Uses excessive amounts of narcotics
      - Patients complain of insufficient analgesia
      - Appears to have excessive spillage/breakage/wastage of narcotics
  - Unavailable
    - Frequent bathroom breaks, or trips to private area (office, car)
    - Extended meal breaks
    - Private meetings
    - Unable to reach via pager
    - Frequent illness
  - Irresponsible
    - Doesn't return calls
    - Missed appointments
    - Unexplained cancellation of appointments
    - Takes short cuts in care and treatment
    - Frequently late
    - Doesn't conduct rounds or conducts hurried, incomplete rounds
    - Rearranges work load to his/her benefit (shifts work load, manipulates on-call, operating room, emergency department, office, clinic schedule)
  - Isolation
    - Takes meals alone
    - Avoids peer contact
    - Conducts rounds at unusual hours (very late, very early)
    - Volunteers for night shift duty

CREDENTIALED HEALTHCARE PROVIDER
Illness and Impairment
<u>Identification Awareness Factors</u>

Awareness Factors in the Hospital:
- Insists or offers to administer medication (specifically narcotics, however may include other medications as well, to gain access to narcotics and other addictive medications in medication storage cart/area)
- Over prescribes medications – prescribes excessive volume/amount
- Conducts late rounds or rounds when staff tends to be sparse
- Is evasive regarding issues related to self, personal behavior, etc.
- Documentation in medical record is substandard
- Reports received from staff listing concerns about Credentialed Healthcare Provider behavior
  - Argumentative
  - Confrontational
  - Inappropriate outbursts of anger
  - Physical demonstration of anger (throws charts, equipment, etc.)
  - General presentation is unusual (looks "blurry-eyed", disheveled, unkempt, smells of alcohol)
  - Makes sexual advances or sexually suggestive comments to staff
  - Secretive
- Reports received from staff listing concerns about Credentialed Healthcare Provider ability/performance
  - Does not see (examine) patients when performing rounds
  - Orders given are inappropriate, inaccurate or incomplete
  - Does not respond appropriately (clinically appropriate) to abnormal laboratory/imaging test results and/or patient symptoms
  - Procedures performed by Credentialed Healthcare Provider are substandard
- Reports received from staff that the Credentialed Healthcare Provider is unavailable when on call, unable to be reached, does not respond to pages or calls placed through exchange, difficult to locate
- Inappropriate/embarrassing behavior at hospital meetings, functions, parties

Awareness Factors Related to Personal History:
- Frequent/numerous employment changes within the previous five years
- Unexplained time periods between employment
- Unexplained, frequent geographic moves
- Previous positions of employment that are not commensurate with the Credentialed Healthcare Provider qualifications
- Inappropriate references
  - Inability to contact/locate references

- Vague references
- References unrelated to professional history or ability
- Professional ability becomes substandard
  - Noted decline in knowledge and/or skills
  - Noted decline in productivity

CREDENTIALED HEALTHCARE PROVIDER
Illness and Impairment
Factors Potentially Contributing to Relapse

- General factors
  - Failure to successfully complete treatment
  - Multiple relapses
  - Isolation and failure to become an active member of AA or NA
  - Multiple or cross addiction (addiction to more than one chemical)
  - Undiagnosed/untreated comorbid behavioral/mental health disorder
  - Holiday syndrome (increased probability of relapse during holidays)
  - Return to prior negative social environment (socializing with old friends that engage in addiction)
  - Physical health conditions/problems
  - Inability or failure to understand and accept the disease concept
  - Intellectualizes illness rather than commit to recovery
  - Occupational or legal difficulties
  - Unidentified/untreated secondary addictions (overeating, excessive work or addictive sexual behavior)
  - Inadequate continued monitoring of recovery
  - Refuses total abstinence from addictive agent or abstinence from other agents as recommended in program
- Personal factors:
  - Dysfunctional support (family, friends) system
  - Unresolved guilt/shame from childhood experiences
  - Inability to effectively cope with stress
  - Inadequate relationship skills
  - Inability to effectively manager anger/disappointment
    - Continues with unresolved anger related to individual(s)/situations/issues
  - Lack of spiritual belief system/program
  - Overconfidence in recovery
  - Denial about aspects of addiction
  - Withdrawal
  - Guilt over past addictive behavior
  - Feelings of unworthiness

Note: This is a non-inclusive list of Credentialed Healthcare Provider illness and impairment identification signs and symptoms and general factors. This list is meant to provide education only on the signs and symptoms related to illness and impairment.

SECTION 5: SAFETY
General Safety
- o Safety is everyone's responsibility
- o Report suspicious activity or packages
- o Contact Security and secure the area if you find an unattended bag in general public hallways
- o Know and obey all hospital safety rules
- o Report all incidents/unsafe conditions to the department supervisor/charge person
- o Use safe lifting techniques
- o Know specific safety rules that apply to your department

Accident/Incident reporting system: Accidents or injuries to patients and visitors are reported on the Clarity System under "An Incident" on Health Connect.

MRI Safety
Due to the magnet always being on, providers must complete the MRI Employee Screening Process prior to entrance. In the event of a medical emergency, the patient will be removed from the magnet room and care can be administered outside of the area of risk. Staff have been trained in emergency response in the MRI area and providers are to adhere to direction from staff.

Eye Safety
Eye washing stations are located in areas where chemicals are used. Staff should familiarize themselves with the location of eye wash stations for the department they work in.

Fire Safety – fire alarm pull stations are located by each exit.
R.A.C.E. is the response in case of fire:
R = Rescue – anyone in immediate danger
A = Activate – pull alarm, this will call the fire department
C = Contain – close doors
E = Extinguish if trained, evacuate as required

How to operate a fire extinguisher:
P.A.S.S. pertains to the use of a fire extinguisher.
P = Pull the pin.
A = Aim the nozzle at the base of the fire.
S = Squeeze the handle.
S = Sweep the nozzle from side to side.

Emergency Alerts

Each department has emergency response guidelines. These guidelines may be used during the initial response phase of an emergency or disaster and are located in each department in a green binder.

    a. Medical Emergency Alert
    b. Severe Weather Alert
    c. Abduction/Missing Person Alert
    d. Fire Alert
    e. Security Alert
    f. Hazardous Materials Incident Alert
    g. Emergency Operations Alert

Smoking/Tobacco

The entire Tomah Health campus is tobacco free. Staff should contact hospital security when they see someone smoking on the Tomah Health campus.

Safety Data Sheets (SDS)

All hazardous chemicals have an SDS that gives useful information about contents, handling instructions and guidance on accidental exposure. SDS sheets are on-line found under the SDS Online link on the Health Connect home page. Hard copies of the SDS sheets are kept in Facility Services.

Security

    a. Law Enforcement 9-911
    b. Hospital Security-Dispatch(Primary) 608-377-8770(8770)
    c. Hospital Security-Portable (Secondary) (608) 775-4422
    d. Building entrances are locked at 9 p.m. – 5 a.m., expect for emergency entrance.
    e. Staff are expected to wear name badges at all times.
    f. Refer to Security Policy 400-F&S-011-1119 for additional Security Information

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 TH emergency management. TH's plan identifies the procedure for mobilizing hospital staff and resources in the event of an emergency or disaster.

The EOP includes some of the following information:

Medical Staff Initial Roles and Responsibilities
Patient Tracking

Medical Staff that is working at Tomah Health during an emergency or disaster may be requested to report directly to the Emergency Department or another area of the hospital as deemed necessary.

Medical Staff not currently working during a disaster may be contacted by Hospital Staff via phone with specific instructions for a disaster response.

Report to Conference Room 1A Room 1033 (Level 1 Staging Area) when responding to TH for an emergency or disaster unless otherwise instructed. Providers may be assigned specific duties (triage, patient care, coordination, etc.) as needed.

Command will be established by the either the Nurse Manager, Patient Care Coordinator (PCC), Administration (or designee) or ED Physician. Unified command may be used during a disaster or emergency. The incident commander shall be designated by wearing a command vest.

Unified Command Definitions:

Unified Command (UC): An application of ICS (Incident Command System) used when there is more than one agency with Command incident jurisdiction, or when incidents cross political jurisdictions. Agencies work together through the designated members of the UC, often the senior person from agencies/disciplines participating in the UC, to establish a common set of objectives and strategies and a single Incident Action Plan (IAP).

Workplace Violence:

Tomah Health asks for your assistance in recognizing, mitigating and preventing workplace violence. The following defines workplace violence:

An act or threat occurring at the workplace that can include any of the following: verbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying, sabotage, sexual harassment; or physical assaults involving staff, licensed practitioners, patients or visitors.

The following are de-escalation techniques taken from the Crisis Prevention Institute may help diffuse potential violent situations.

1. **Be Empathic and Nonjudgmental**
   Do not judge or be dismissive of the feelings of the person in distress. Remember that the person's feelings are real, whether or not you think those feelings are justified. Respect those feelings, keeping in mind that whatever the person is going through could be the most important event in their life at the moment.

2. **Respect Personal Space**
   Be aware of your position, posture, and proximity when interacting with a person in distress. Allowing personal space shows respect, keeps you safer, and tends to decrease a person's anxiety. If you must enter someone's personal space to provide care, explain what you're doing so the person feels less confused and/or frightened.

3. **Use Nonthreatening Nonverbals**
   The more a person is in distress, the less they hear your words—and the more they react to your nonverbal communication. Be mindful of your gestures, facial expressions, movements, and tone of voice. Keeping your tone and body language neutral will go a long way toward defusing a situation.

4. **Keep Your Emotional Brain in Check**
   Remain calm, rational, and professional. While you can't control the person's behavior, how you respond to their behavior will have a direct effect on whether the situation escalates or defuses. Positive thoughts like "I can handle this" and "I know what to do" will help you maintain your own rationality and calm the person down.

5. **Focus on Feelings**
   Facts are important, but how a person feels is the heart of the matter. Yet some people have trouble identifying how they feel about what's happening to them. Watch and listen carefully for the person's real message. Try saying something like "That must be scary." Supportive words like these will let the person know that you understand what's happening—and you may get a positive response.

6. **Ignore Challenge Questions**
   When a person challenges your authority, redirect their attention to the issue at hand. Engaging with people who ask challenging questions is rarely productive. Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem.

7. **Set Limits**
   As a person progresses through a crisis, give them respectful, simple, and reasonable limits. Offer concise and respectful choices and consequences. A person who's upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

8. **Choose Wisely What You Insist Upon**
   It's important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person doesn't want to shower in the morning, can you allow them to choose the time of day that feels best for them? If you can offer a person options and flexibility, you may be able to avoid unnecessary altercations.

9. **Allow Silence for Reflection**

   We've all experienced awkward silences. While it may seem counterintuitive to let moments of silence occur, sometimes it's the best choice. It can give a person a chance to reflect on what's happening, and how they need to proceed. Silence can be a powerful communication tool.

10. **Allow Time for Decisions**

    When a person is upset, they may not be able to think clearly. Give them a few moments to think through what you've said. A person's stress rises when they feel rushed. Allowing time brings calm.

Please report any situations or potential concerns regarding workplace violence to any department director, administrative leader or Risk Manager. You may also complete an incident report (Clarity) found on the hospital's intranet (Health Connect).

Tomah Health Contacts
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