Ambulatory Surgery Centers Physician Pocket Guide

BayCare

Table of Contents

BayCare Ambulatory Surgery Centers

Jim Cote
Senior Vice President, Ambulatory Services

Jeffrey Held, MD
Chief Medical Officer, Vice President Ambulatory Services

Todd Jones
Vice President, Ambulatory Experience and Operations

Angela Kramer
Director, Ambulatory Surgery

Mission
BayCare Health System will improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care.

Vision
BayCare will advance superior health care by providing an exceptional, patient-centered experience.

Values
The values of BayCare Health System are trust, respect and dignity, and reflect our responsibility to achieve health care excellence for our communities.

BayCare's Organizational Goals – Four Key Results

Clinical Excellence
Customer Experience
Teamwork
Financial Responsibility

Customer Service

The medical staff within BayCare is expected to treat every customer with respect and dignity, and to meet his/her cultural, religious, ethnic and psychosocial needs to the fullest extent possible.

BayCare Patient Experience

Communication with doctors is a reflection of a patient's overall experience with all providers during their care. Patients are evaluating physicians on how often we **ALWAYS explain things** in a way they understand, how often we **ALWAYS listen carefully**, and how often we **ALWAYS treat patients with courtesy and respect**.

Medical Staff Responsibilities/Regulations

Name Badge

Your name badge is to be worn above the waist at all times when on BayCare property.

Pain Assessment and Management

The patient's right to pain management is respected and supported. Patients will be assessed for pain at regular intervals and receive prompt and safe pain management.

Use the following appropriate pain scale tools for a patient's developmental age, cognitive level and communication ability:

- Pain intensity report scale, 0–10 (numeric response)
- Adult nonverbal pain scale (NVPS)
- Wong Baker faces scale (0–10)
- FLACC (face-legs-arms-cry-consolability) scale for infants

When ordering pain medication, ensure they include the pain scale to provide necessary guidance to nursing.

HIPAA Privacy and Security of Patient Information

- Protected health information (PHI) specifically identifies a patient using any type of identifier even if the patient's name is not used (demographic, medical, photographic and financial).
- PHI may be used, disclosed or accessed when performing your job responsibilities, which may include treatment, payment or operations, as required by law.

Behaviors Designed to Prevent Accidental Disclosure of PHI Include:

- Do not talk about patients in public areas (lobby, elevator, hall, cafeteria, restroom).
- Turn computer screens away from public areas.
- Do not access patient information using another person's password.
- Do not stay logged in at an unattended computer.
- Always ask the patient at each encounter for permission to share PHI in front of family and visitors, and document in the progress note.
- Be discreet when speaking with patients and family members.
- Do not use personal devices (cell phones, PDAs) to take and transmit photographs of a patient.
- Do not send or receive PHI by text message. Texting is not a secure method of communication.
- When sending emails, include the word "encrypt" in the subject line of the email containing PHI sent to a non-BayCare.org address. This ensures the email will be encrypted. Do not include any PHI in the subject line.
- Do not send patient information to your personal email account.
- **Never share your sign-on/password.**
- Retrieve printed emails and attachments that contain PHI as soon as possible after printing.
- Double check all printed information given to the patient (prescriptions, visit summary) to be certain it is the correct patient.

Reporting Compliance Issues

In keeping with our values, report any situations concerning potential compliance or corporate responsibility violations such as fraud, waste or abuse. This includes potential violations of federal or state laws such as HIPAA, the federal False Claims Act or other fraudulent activity. An anonymous hotline is available 24 hours a day, seven days a week, or contact the Privacy Department at (855) 466-6677.

Influenza Vaccination

All credentialed members are required to either receive the flu vaccination or complete a Vaccination Declination Form by November 30 each year, with compliance rates reported to CMS. Credentialed members who receive the flu vaccine will receive a flu shot sticker annually to be placed on their ID badge as defined in this policy.

- A flu shot sticker will be provided to credentialed members, at the time of vaccination, if administered by Employee Health.
- Credentialed members who receive a flu vaccination from a provider other than Employee Health (their primary care physician, a retail pharmacy, etc.):
  1. Must provide approved documentation (proof of vaccination as defined) to Medical Affairs/Medical Staff by November 30 each year
  2. A written attestation is also considered approved documentation for physicians of having received the influenza vaccine, available on the BayCare Physician Portal.
  3. Upon receipt of proof of vaccination, Medical Affairs/Medical Staff will provide a flu shot sticker to the credentialed member.

Credentialed members who elect not to receive a flu vaccination, regardless of whether they have a valid medical or religious exemption:

- Must complete the Vaccine Declination Form and submit it to Medical Affairs/Medical Staff office by November 30 each year. The form is available on the BayCare Physician Portal. Completion of the form will include providing a specific reason for declining the vaccine.
- Will be required to wear a surgical mask while at work, as defined in the mask guidelines included in this policy, between December 1 and March 31.

Communicating with Persons with Disabilities or Limited English Proficiency

- Federal law prohibits discrimination against qualified individuals on the basis of a disability (Section 504 of the Rehabilitation Act, 29 U.S.C. §794). BayCare must ensure that persons with disabilities, including persons who have hearing, vision or speech disabilities, as well as persons of limited english proficiency (LEP), have equal opportunity to participate in our services, activities, programs and other benefits.

- When a person with a communications disability presents for treatment or services, consult with the individual to determine which aids or services are necessary to provide effective communication. Except in emergencies, do **not** use family members, friends or others as interpreters to relay clinical information.

- Resources for the deaf and hard-of-hearing vary by facility; for assistance with any of these resources, contact your **surgery center administrator**.

- Available resources may include:
  - Video remote interpreter
  - Florida Relay Service (deaf, hard of hearing, deaf/blind or speech disabled): Dial 711
  - iPad
  - Degree of pain picture card

- Document in the record the means of communication used and how the patient demonstrated understanding of the information conveyed, especially when addressing patient education; physical examination and assessment; consent for procedures; and/or discharge or follow-up planning and instructions. Also document if a patient declines auxiliary aide or services.

- Inform such patients/companions of the availability of free auxiliary aids and services. If a complaint is brought to your attention, **contact the surgery center administrator**.

Impairment and Disruptive Behavior

Anyone who has reasonable suspicion that a practitioner may be impaired should communicate these suspicions to the surgery center manager or administrator.

Signs and Symptoms of Impairment

Signs and symptoms include, but are not limited to:

- Physical – deterioration of hygiene or personal appearance, frequent accidents
- Behavioral – personality/behavior change, loss of reliability, patient or staff complaints about care, depression, indecision, lack of response to calls/pages, social distancing

All physicians and licensed independent practitioners are expected to conduct themselves in a professional manner.

Signs and Symptoms of Disruptive Behavior

Disruptive behavior is defined as aberrant behavior that interferes with patient care or the operations of the hospital. Signs and symptoms include, but are not limited to:

- Inappropriate anger/defiance
- Use of intimidation, threats
- Uncooperative behavior
- Inappropriate language
- Sexual comments, innuendos or harassment

Emergency Procedures

Everyone is responsible for providing a safe environment for customers and team members. Report any environmental risks such as spills, equipment failure or electrical hazards to a team member. In the event of an environmental or care-related incident, refer the incident to the surgery center manager or administrator.

Emergency Codes
- Refer to the Emergency Code badge card.
- Request replacement cards from the Medical Staff Office.

Fire Procedures
- Remember the acronyms **RACE** and **PASS**.
- Do **not** open a door with smoke coming from behind it.
- Stay in place until the "All Clear" is called.

RACE:
Rescue – people in the immediate area of the fire

Alarm – activate the fire alarm

Contain – to help contain the fire, close all doors

Evacuate or Extinguish – if the fire is small, assist with patient evacuation or use a fire extinguisher and remember **PASS**.

PASS:
P – Pull the pin on the handle of the fire extinguisher.

A – Aim at the base of fire.

S – Squeeze the hand lever.

S – Sweep at the base of the fire, not at the flames.

Contact the surgery center administrator.

Biomedical Hazards and Waste

Follow these safe work practices to reduce the risk of exposure:

- Use sharps disposal containers, self-sheathing needles, safer medical devices and needleless systems.
- Use personal protective equipment (PPE) to handle any item contaminated with blood and/or bodily fluids.
- Dispose of all biomedical waste properly in a red bag at the point of origin.

In the event of accidental blood exposure, immediately wash/flush the affected area thoroughly with water.

Hazardous Exposure

Should you be exposed to a hazardous chemical, contact the surgery center administrator to access the appropriate Safety Data Sheet (SDS). It will include all needed information regarding hazards, processes and protective measures.

ASC Medical Record Documentation

Time Frames for History and Physicals (H&Ps)

- On the record prior to the patient being transported to the procedure room
- Dated within 30 days before the procedure
- Update documentation immediately prior to surgery

Immediate Post-Op Report

On the medical record immediately after the procedure. "Immediately" is defined as before or when the patient is moved from one level of care to another. An immediate post-op report is required while waiting for the transcribed, dictated report.

Immediate Post-op Reports Required Elements

- Procedure
- Post-op diagnosis
- Specimens or none
- Estimated blood loss
- Assistant, if any
- **Unapproved abbreviations** must not be used in the medical record
- **Illegible signatures:** If you can't be identified as the author of your orders because your signature is not legible, you have four options:
  - Print your name under your signature
  - Use your dictating number under signature
  - Use the signature sheet
  - Stamp with your printed name and ID number

Informed Consent/Physician Responsibility

- Communicate reasonable alternatives to care, treatment and services. The discussion must encompass risks, benefits and side effects related to the alternatives, and the risks to not receiving the proposed care, treatment and services to the patient or his/her decision maker.
- Document the conversation with the patient/decision maker about risks, benefits and alternatives and related decisions in the medical record.
- Informed consent is a non-delegable duty in Florida. The physician performing the procedure must perform a complete consent process.

Telephone/Verbal Orders

1. Avoid as often as possible.
2. Nurses are required to read back all telephone orders to the physician.
3. Verbal orders are discouraged and used only in an emergency situation.

Operative Reports

For any procedure where deep sedation or anesthesia is given, an operative report must be dictated immediately upon the completion of the procedure.

Medication Reconciliation

- All patients will have a medication history assessment completed before and/or upon admission.
- Medication information collected will include the name, dose, route and frequency.
- A qualified individual will reconcile medications. Licensed independent practitioners and RNs are designated as qualified individuals.
- The assessment, reconciliation process and communication will take place at the following times:
  – Upon preadmission and/or admission assessment
  – During transfer of care from one provider to the next (within or outside of the ASC)
  – Upon discharge.
- The patient's current medications are compared with those listed on the H&P, those administered and others that are ordered or prescribed.
- Any discrepancy between the medication list and H&P will be investigated and will result in updating of the medication list to be the most current.

Electronic Security and Support

Information Security Awareness

- Don't open email from sources you don't know. Phishing emails from unknown sources can contain harmful codes such as viruses and deceptive instructions that lead to the compromise of information, including your user ID and password.
- Don't click on any links contained within an email that is unfamiliar to you and don't forward such an email.
- **BayCare will never ask for your login information in an email. Don't reveal your password to anyone!**
- If you believe you may have revealed sensitive information about BayCare or our patients, report it immediately to Information Security at (727) 467-4700, or Thien Lam, Chief Information Security Officer at (727) 467-4055.

Electronic Systems Failure

Emergency downtime procedures exist in the event of planned or unplanned loss of the system. Use manual processes or alternative equipment in the case of a power or equipment failure.

Prevention of Surgical Site Infections (SSIs)

- Hand hygiene before and after patient contact
- Surgical scrub with antiseptic agent
- Hair removal with clippers
- Pre-op surgical prophylactic antibiotics within 60 minutes before surgical cut time
- Antibiotics discontinued within 24 hours after surgery

ASCs Infection Control Policy

For the protection of patients, visitors, and staff; people with contagious communicable diseases that spread through droplet or airborne transmission are not appropriate candidates for care at the surgery center.

Guidelines for Patients with Known Drug Resistant Organisms:

MRSA or Staph in wound:
The wound must be covered/contained upon admission to the surgery center and when in common areas. The wound may be uncovered in restricted areas (the operating room) for treatment.

Vancomycin-resistant Enterococci (VRE):
This organism lives in the GI tract. The patient must be continent or diapered upon admission to the surgery center.

Clostridium difficile (C. Diff):
- The patient must not be experiencing diarrhea for three or more consecutive days (return to normal stool).
- There will NOT be a repeat test done for a test of cure – this is not recommended by the CDC (response to treatment is based on clinical symptoms/normal stool).

Lice/Scabies:
The procedure will be postponed until the patient has been effectively treated and no longer has lice/scabies.

Patient Safety

BayCare Is Committed to Providing a Culture of Safety

If you have a safety concern or quality of care complaint regarding our organization, please make us aware. Contact the ambulatory chief medical officer, and give us the opportunity to resolve your concerns. If concerns regarding the safety or quality of care provided to our customers are not addressed, they may be reported directly to Accreditation Association for Ambulatory Health Care at (847) 853-6060. Physicians reporting valid concerns should do so without fear of retribution or termination.

Sentinel/Serious Events

- A sentinel/serious event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof.
- Sentinel and serious events (defined by Florida statute) should be immediately reported to Risk Management, the surgery center manager and/or the administrator.
- A root cause analysis is conducted for a sentinel event and/or a serious event that meets criteria
- Risk reduction and action plans for process improvement are implemented based on the results of the analysis.

Improving the Effectiveness of Communication Among Caregivers

The opportunity for effective, interactive communication is essential to support the exchange of accurate and relevant patient information. **SBAR** is a structured, organized method of communication between nurses and physicians.

The four elements of SBAR are:

- **Situation:** What is happening with the patient right now
- **Background:** Important medical history to help identify the patient situation
- **Assessment:** Clinical data to support the concern, labs or physical changes
- **Recommendation:** Suggestions or desired orders to meet the patient's immediate needs

Improving Accuracy of Patient Identification

Always verify patient identification prior to:

- Providing care
- Treatment and/or services
- Documenting in the medical record
- Verifying documentation is correct in the medical record

Use two forms of patient identification:

- Ask patient to state his/her name and date of birth
- Match with patient's identification band

Universal Protocol - Time Out Process for Procedures

Prior to performing any procedure/incision on a patient, the pre-procedure checklist will be completed for relevant documentation (H&P, consents, nursing and anesthesia assessment), diagnostic studies, required blood products, implants, devices or special equipment. The surgeon/proceduralist will initiate the Time Out Process and the entire surgical team will physically pause to both verbally and visually acknowledge and confirm the correct patient, side/site, procedure and/or implant.

It is essential to have the attention of everyone in the room!

Site Marking
Use the following guidelines when marking:

- Within 2" of incision
- Visible after draping
- Marked by physician
- Nonoperative side left unmarked

Clinical Alarms

Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they aren't properly managed, they can compromise patient safety. Ineffective clinical alarm system management includes too many devices with alarms, default settings that aren't at an actionable level and alarm limits that are too narrow.

Please don't alter default settings or silence alarms without first notifying the patient's nurse.

Improving the Safety of Medication Use

Do not use abbreviations.

Approved Terminology	Do Not Use
Unit	U
International unit	IU
Daily	Q.D.
Every other day	Q.O.D
Four times daily	Q.I.D
Morphine	MS; MS04
Magnesium sulfate	MgSO4
Always use a zero before a decimal point	.X mg
Never use a zero by itself after a decimal point for medication orders	X.0 mg

Medication Order Guidelines:

- Don't use the wording "resume previous orders" or "discharge on previous medicines."
- Range orders are discouraged.

Expect nurses to **write down** and then **read back** verbal/telephone orders for verification. Prior to documenting, verify you have accessed the correct patient's medical record.

Verbal orders are discouraged and used only in emergency situations.

Reducing the Risk of Health Care-Associated Infections (HAI)

Health care-associated infections (HAI) are:

- Acquired while receiving medical care, treatment or services
- Reduced significantly by adhering to infection prevention and control practices

Report any suspected HAIs to the surgery center manager or administrator.

Infection Prevention and Control Practices

Hand hygiene includes:

- Alcohol-based hand rubs
- Soap and water used when hands are visibly soiled

Hand hygiene should be performed before and after:

- Contact with the patient and/or his/her environment
- Putting on and removing gloves

Standard Precautions

Standard precautions assume every contact with patient or patient's immediate environment is potentially infectious. Standard precautions include performing proper hand hygiene and using Personal Protective Equipment (PPE) such as gloves, gowns and masks.

Cleaning of Equipment Used on Patients
(stethoscope, reflex hammers, otoscopes, etc.)

- Use dedicated disposable equipment in isolation rooms as often as possible.
- Clean equipment after each use.
- Use the disinfectant wipes provided in clinical areas; alcohol wipes may be used except as described below.
- Bleach wipes are to be used when the patient is suspected or known to have C. diff or norovirus.

Multiple Drug-Resistant Organisms (MDROs)
Organisms that have developed resistance to multiple antibiotics include but are not limited to:

- Methicillin-resistant staphylococcus aureus (MRSA)
- Vancomycin-resistant enterococcus (VRE)
- Extended-spectrum beta lactamase producing gram negative bacilli (ESBL)
- Carbapenemase-resistant enterobacteriacae (CRE)
- Multi-resistant gram negative rods

Infection prevention methods include but are not limited to:

- Proper hand hygiene
- Appropriate isolation precautions (contact)

Prevention of Surgical Site Infections (SSIs)

- Hand hygiene before and after patient contact
- Surgical scrub with antiseptic agent
- Hair removal with clippers
- Pre-op surgical prophylactic antibiotics within 60 minutes of surgical cut time
- Antibiotics discontinued within 24 hours after surgery

What if I Have a Patient with an Advance Directive?

The ambulatory surgery centers **do not honor advance directives for no resuscitation**. CMS requires that the ASC inform the ambulatory surgery patient **before the procedure** about the DNR policy.

BayCare Ambulatory Surgery Centers

Bardmoor Surgery Center, LLC
8787 Bryan Dairy Road, Suite 301
Largo, Florida
(727) 394-5318

BayCare Surgery Center- Trinity, LLC
2020 Trinity Oaks Blvd.
Trinity, Florida
(727) 372-4055

Carillon Surgery Center, LLC
900 Carillon Parkway, Suite 205
St. Petersburg, Florida
(727) 561-2710

St. Anthony's Physicians Surgery Center, LLC
705 16th Street N
St. Petersburg, Florida
(727) 550-4500

Ambulatory Surgery Center Central Billing Office
(727) 394-6620

Index