

BayCare Health System

Physician Orientation

Tommy Inzina

Chief Executive Officer, BayCare Health System

President, BayCare Health System

Glenn Waters

President, BayCare Hospital Division

Janice Polo

Executive Vice President and Chief Financial Officer, BayCare Health System

Bruce Flareau, MD

EVP, Chief Medical Officer, BayCare Health System

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 is an extraordinary team leading the way to high-quality care and personalized, customer-centered health.

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

1. Clinical Excellence
2. Customer Experience
3. Teamwork
4. Financial Responsibility



Overview of BayCare Health Systems

In 1997 BayCare was formed to accomplish

- Reduction in costs
- Eliminate duplication of capital expenditures and increase access to capital
- Allow participants to compete more effectively
- Provide a means for physician's involvement and collaboration
- Maintain local involvement

Due to a number of constraints, a joint operating agreement structure was selected

By the Numbers

340 Locations in four counties

4 Surgery Centers

13 Urgent Care Centers

14 Hospitals

27 Outpatient Imaging Centers

3,511 Hospital Beds

5,400 Physicians

26,900 Team Members

658,191 ER Visits

1.4 Million BMG Physician Visits

11.8 Million Laboratory Tests

Community Benefit

Every year, BayCare provides charity care to uninsured and underinsured residents. Many of these residents might not receive the care they need without the safety net that BayCare provides.

2016 Total Community Benefit: \$347 million

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**.

Ten Tips for Effective Communication with Patients

1. Review the chart and plan the visit before entering the room.
2. Wash your hands, make eye contact and introduce yourself.
3. Make a social comment.
4. Explain who you are and why you're there.
5. Make the connection to the patient's PCP or hospitalist.
6. Sit down.
7. Draw out patient's concerns with open-ended questions.
8. Encourage patients to elaborate on their concerns.
9. Demonstrate empathy.
10. Incorporate teach back and wash hands upon exit (see resources section for more information about teach back tips).

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 is to be 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 (0–10)
- FLACC scale (face-legs-arms-cry-consolability) for infants

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

Initiate and or minimize narcotic use

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 text PHI unless you are using Baycare's Secure Text format.
- 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 handed 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 vaccine, 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 checking 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 **Administrator on Duty (AOD)**.
- Available resources may include: – Over-phone interpreting (Cyracom or Language Line, WHH only) is available 24/7 with more than 140 different languages.
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 aids or services.
- Inform such patients/companions of availability of free auxiliary aids and services. If complaint is brought to your attention, **contact the AOD**.

Impairment and Disruptive Behavior

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

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 environment of care incident, refer to the manager/AOD.

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 AOD.

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 needle-less 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 AOD to access the appropriate Safety Data Sheet (SDS). It will include all needed information regarding hazards, processes and protective measures.

MRI Safety

To prevent serious injury, no one may enter the MRI environment without being fully screened and cleared by the MRI technologist.

Emergency Management Response

In the event of a disaster or influx of infectious patients, credential practitioners should report to the Command Center for direction and assignment. At this time, they will be informed of their role during the event and to whom they will report during the emergency.

Medical Record Documentation Requirements

Time Frames for History and Physicals (H&Ps)

1. Dictated History and Physicals (H&Ps) using the current Health Information Management (HIM) dictation service or H&Ps created in Power Note through Dragon or typed text must be in the Electronic Medical Record (EMR) within 24 hours after admission or prior to surgery/procedures.
2. Not more than 30 days old
3. H&P Update must be completed prior to the procedure using the H&P Update Template (PowerNote) that contains the approved language in one of two ways:

- a. If there are changes, the physician can document those changes directly into the note.
- b. If there are no changes in the H&P, the physicians can use the Update Template and paste it onto the bottom of the actual H&P.

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. DNR must be entered into EMR.
3. Nurses are required to read back all telephone orders to the physician and address all alerts that the EMR generates with the physician on the line.
4. Verbal orders are discouraged and used in an emergency situation.
5. Text Orders even through Secure Texting is not permitted.

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.

A postoperative PowerNote is required awaiting the dictated report availability in the record. This note must be entered before the patient is transferred to the next level of care. This progress note includes the following:

- Name of primary surgeon and his/her assistant(s)
- Procedure perform
- Description of procedure findings
- Estimated blood loss
- Any specimen removed
- Postoperative diagnosis

Medication Reconciliation

All patients will have a medication reconciliation performed:

- Upon admission (within 24 hours whenever possible)
- At transfer to different settings and/or level of care
- At discharge

Reconciliation is a three-step process to prevent:

- Omissions

- Duplication of therapy
- Adverse interactions with other medications

Responsibilities:

- The nurse, pharmacist or pharmacy technician will obtain a list of medications from the patient to be reviewed by the physician for completeness and accuracy.
- Physician(s) will indicate in the EMR which home medications to continue or discontinue upon admission.
- A pharmacist is responsible for identifying duplication or potential drug interactions when verifying medication orders.
- Physicians are responsible for collaborating with nurses and pharmacists in all steps of the process.
- The physician will reevaluate all medications at discharge.

Electronic Security/Support

Information Security Awareness

- Do not open email from sources you do not 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.
- Do not click on any links contained within an email that is unfamiliar to you and do not 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 Medical Record

As part of your medical staff onboarding you were granted access to the electronic medical record both in hospital and remotely. Our Appropriate Use Policy outlines the expected and appropriate access considerations to our secure technologies.

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.

Dedicated Help Line for Physicians (CERNER)

The dedicated priority call in line for physician IS-related support is available 24/7 at (727) 467-4701. Designated specialists specifically trained for clinical applications will be available to assist you Monday through Friday, 7am to 5pm. All calls made after available hours will be routed to the general IS Service Desk.

Clinical Practice

Evidence-Based Practice

The utilization of approved order sets, which contain guidelines for EBM, can facilitate consistent and comprehensive patient care. Compliance is monitored and reported on the following evidence-based measures by diagnosis;

Acute MI

- Aspirin administered on arrival or contraindication documented
- ACEI/ARB for LVSD or contraindication documented for both
- Beta blocker prescribed at discharge or contraindication documented
- PCI received within 90 minutes of hospital arrival or documentation as to why not
- Fibrinolytic therapy received within 30 minutes of hospital arrival, medial time to Primary PCI is tracked and reported.

Heart Failure

- Evaluation of LVS Function
- ACEI/ARB for LVSD or contraindication documented for both

Pneumonia

- Initial antibiotic consistent with current recommendations(ICU and non-ICU patients) administered

Surgical Care Improvement Project (SCIP)

- Appropriate antibiotic received within one hour prior to incision(also applies to outpatients)
- Antibiotic discontinued within 24 hours after a procedure(or 48 hours after CABG or other cardiac surgery procedures)
- Glucose controlled for postoperative cardiac surgical patients day one and two
- Appropriate hair removal method utilized
- Urinary catheter removed by midnight of postoperative day two
- Perioperative temperature managed (all surgery types)
- Beta blocker therapy during administered perioperative period(perioperative period defined as day prior to surgery to POD#2,with day of surgery being zero)
- VTE prophylaxis received within 24 hours after surgery

Sepsis

To be completed within three hours:

1. Measure lactate level.
2. Obtain blood cultures prior to administration of antibiotics.
3. Administer broad spectrum antibiotics.
4. Administer 30ml/kg crystalloid for hypotension or lactate \geq 4mmol/L.

To be completed within six hours:

1. Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a Mean Arterial Pressure (MAP) ≥ 65 mm Hg.
2. In the event of persistent arterial hypotension despite volume resuscitation (septic shock) or initial lactate ≥ 4 mmol/L (36 mg/dL):
 - Measure central venous pressure (CVP)*
 - Measure central venous oxygen saturation (ScvO₂)*, 7) Remeasure lactate, if initial lactate was elevated.*

*Targets for quantitative resuscitation included in the guidelines are CVP of ≥ 8 mm Hg; ScvO₂ of $\geq 70\%$ and normalization of lactate

VTE Prophylaxis

- All inpatients must be screened for VTE prophylaxis within 24 hours of admission using the VTE PowerPlan.
- Appropriate VTE prophylaxis should be ordered based on results of screening.
- Document VTE prophylaxis or reason for no mechanical and pharmacologic prophylaxis clearly on the VTE PowerPlan.

VTE Treatment

- Overlap therapy with parenteral therapy. Warfarin must be at least five-day dosage (ordered as D/C medication if five days not completed in hospital)/PLT monitoring for VTE patients receiving therapeutic doses of unfractionated heparin.
- VTE patients receiving therapeutic doses of unfractionated heparin must have PLT monitoring ordered.
- DVT/PE patients discharged on warfarin. Warfarin discharge instructions must include information regarding: Compliance issues, dietary advice, follow-up monitoring information and information regarding drug reactions/interactions.

Stroke

- Thrombolytic therapy received within 180 minutes from onset of symptoms for all ischemic STK patients
- DVT prophylaxis initiated prior to the end of hospital day two
- Antithrombotic therapy prescribed by the end of hospital day two and at discharge for ischemic STK patients
- Anticoagulation therapy ordered at discharge for STK patients with chronic or current atrial fibrillation/flutter
- Statin medication prescribed at discharge for STK patients with a documented LDL ≥ 100 , on a cholesterol reducer prior to admission and/or if the LDL is not measured
- Stroke education received for all STK patients (risk factors, discharge medications, signs and symptoms of stroke, how to access EMS and MD follow up)
- Rehabilitation assessment performed during hospital stay for all STK patients unless discharged home with Outpatient Rehab Services
- Head CT/MRI scan results for within 45 minutes of arrival for emergency department outpatients

- Last known scan **must** be documented

Perinatal Care

- Percent of patients delivered electively between the gestational age of 37 weeks and 39 weeks without medical indications for delivery. Medical indications must be documented in the record prior to induction or scheduled Cesarean section. Gestational age must be written in numeric format (37 1/7, 38 3/7).
- Patients at risk of preterm delivery at ≥ 24 and < 32 weeks gestation receiving antenatal steroids prior to delivering preterm infant.
- Percent exclusive breast milk feeding. Must include documentation that the mother was educated on the benefits of breast milk and risk of bottle milk by the nurse. Physician's progress note needs to acknowledge mother's choice and education.

Children's Asthma Care

- Documentation that the patient received a home management plan prior to discharge that includes referral for follow-up care; environmental control; control of triggers; method and timing of rescue actions; and use of controllers and relievers

Anticoagulation Therapy

Anticoagulation therapy poses risks to patients. BayCare's safety efforts are focused on:

- Initiation and maintenance of anticoagulation therapy
- Baseline and ongoing laboratory monitoring
- Education for patients and caregivers
- Complex dosing and monitoring

BayCare's anticoagulation processes, protocols and monitoring include:

- Heparin and argatroban algorithm for dosing and monitoring guides appropriate dosage adjustments based on established laboratory monitoring parameters
- Standardized concentrations of heparin and argatroban for use in programmable I.V. pumps
- Coumadin (warfarin), Arixtra (fondaparinux), Lovenox (enoxaparin), Xarelto (rivaroxaban), Eliquis (apixaban) and Pradaxa (dabigatran) have established baseline and ongoing laboratory monitoring as indicated
- Documentation of indication and INR goal for warfarin
- Triggers to contact the prescriber for critical lab values

Please contact your pharmacy department for additional anticoagulation safety resources and information.

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 your department chief and/or Vice President Physician Services, 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 The Joint Commission at (800) 994-6610. 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 (defined by The Joint Commission) and serious events (defined by Florida statute) should be immediately reported to Risk Management, the department manager and/or Administrator On Duty (AOD).
- 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.

Critical Results:

Critical result(s) will be communicated to the responsible licensed provider within 60 minutes of availability, unless otherwise specified by the physician.

Exclusions:

1. An order with instructions to not call the physician with a specific critical result (electrolytic value on dialysis patient that is anticipated, critical value that is improving but still within critical range)
2. Orders that already provide for treatment based on the critical results Infuse 1 unit of PRBCs for H&H of "X"

Rapid Response Team

Early response to changes in a patient's condition may reduce cardiopulmonary arrest and patient mortality rates. The Rapid Response Team (RRT) is accessible for supporting a change in the patient's condition.

The RRT may be requested by anyone, including patients or family members. The team will initiate appropriate care in collaboration with the patient's physician, as warranted by the patient's condition.

The RRT consists of:

- Critical care RN
- Respiratory therapist
- Administrator on Duty (AOD)
- Patient's nurse

Restraint and Seclusion

Restraints are only used when less restrictive interventions are ineffective. Restraints are discontinued at the earliest possible time. The order for restraint is obtained by the RN from the physician prior to the initial application and must be:

- Electronically signed within 24 hours
- The restraint order stays in effect until the patient is removed from restraints.
- There is no trial release from restraints.
- Cannot be PRN

Patient Blood Management

Evidence shows that blood products are associated with many complications and safety concerns. Patient Blood Management is patient-centered, multidisciplinary approach to providing:

- The right patient
- The right blood product
- The right amount
- At the right time
- For the right reason

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 EMR
- Verify documentation is in correct EMR

Use two forms of patient identification:

- Ask patient to state his/her name and date of birth
- Match with a second source such as the face sheet, progress note or medication reconciliation form
- Verify correct patient in EMR prior to accessing information or documenting in the record

Universal Protocol - Time Out Process for Procedures

Prior to performing any procedure/incision on a patient, the pre-procedure check list 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
- Non-operative side left unmarked

Clinical Alarms

Clinical alarm systems are intended to alert caregivers of potential patient problems, but if they are not properly managed, they can compromise patient safety. Ineffective clinical alarm system management includes too many devices with alarms, default settings that are not 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 Using Medications

Do not use abbreviations

Medication Order Guidelines:

- Authenticate telephone and verbal orders in the medical record or in the Message Center within 48 hours.
- Do not 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 in the EMR, 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 department manager or Infection Prevention and Control Department.

Infection Prevention and Control Practices

Hand Hygiene

Hand hygiene includes:

- Alcohol-based hand rubs
- Soap and water used when hands are visibly soiled or in contact with spore-forming organisms such as Clostridium-difficile (C. diff) and norovirus patients or their environment

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. **Isolation Precautions** ■ These are used in addition to standard precautions for patients with known or suspected infectious agent. ■ Use the dedicated yellow stethoscope provided in the patient's room. ■ Follow the instructions on the color-coded precautions signs. ■ All equipment taken into patient's room (WOW, reflex hammers, oto-ophthalmoscope, etc.) must be cleaned before exiting room.

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 enterobacteriaceae (CRE)
- Multi-resistant gram negative rods

Infection prevention methods include but are not limited to:

- Proper hand hygiene
- Appropriate isolation precautions (contact)
- Antibiotic stewardship

The Infection Prevention Alert System identifies patients who are:

- Newly diagnosed with MDROs
- Readmitted or transferred with known history of MDRO

Opioids

- Narcotic dose should be similar when leaving the hospital to the dose the pt was taking when they came into the hospital
- Every attempt should be made to avoid increasing a patient's narcotic dose by using alternative forms of pain therapy
- Narcotic use in patients under 30 years of age, especially pediatric patients, should be avoided if at all possible, and if necessary, should be limited in time, dose and duration, and managed carefully by a practitioner familiar with pain control in this age group.

Clostridium Difficile (C. diff)

- PCR testing is used throughout BayCare. It has very high sensitivity and specificity that can potentially detect colonization in the absence of active disease.
- Only patients with unexplained diarrhea (unrelated to laxatives, to other medications or to any known medical conditions) should be tested.
- Test patients for C. diff only if three or more diarrhea stools in 24 hours or there is other clinical evidence of pseudomembranous colitis or other C. diff related conditions.
- Patients positive for C. diff remain in contact precautions for the duration of their hospital stay. Retesting for cure or for response to therapy is not recommended.

Prevention of Foley Catheter-Related UTIs (CAUTIs)

- Don't use catheters unless clinically necessary.
- Remove as soon as they are no longer clinically indicated.
- Appropriate indications for Foley catheters:
 - Neurogenic bladder
 - End of life comfort measures
 - Perineal/sacral wounds that need to be kept dry
 - Strict I&O in critical care
 - Catheter placed by urology or urology consult for catheter management
 - Urologic or URO-GYN surgical procedure

Prevention of Central Line-Associated Blood Stream Infections (CLABSI)

- Hand hygiene before and after patient contact
- Peripheral I.V. site, tubing and dressing changed every 96 hours
- Central lines, PICCs, VADs

- Maximum barrier technique for insertion (full barrier drape: sterile gown, gloves, mask)
- Skin antiseptics prior to insertion and during dressing changes
- Dressing changes every Sunday (and as needed in between)
- Aseptic technique and masks for dressing changes
- Biopatch™ on all sites – correctly placed
- Dual Cap™ on all injection ports and Y-sites
- Assess daily for need to continue, and remove when no longer clinically necessary

Prevention of Ventilator-Associated Pneumonia (VAP)

- Hand hygiene before and after patient contact
- Keep head of bed elevated 30-45 degrees (unless medically contraindicated)
- Check patient's ability to breathe on own ("sedation vacation")
- Mouth care on a regular basis

Prevention of Surgical Site Infections (SSIs)

- Chlorhexidine pre-op bath/shower
- 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

Miscellaneous Resources

Advance directives include:

- Living wills and health care surrogate designation
- Durable power of attorney, which may or may not allow a person to make healthcare Decisions

Before a patient's living will is enacted, one of the following conditions must be met and documented by two physicians:

- The patient has a terminal condition, with poor prognosis and without hope for a meaningful recovery.
- The patient is in a persistent vegetative state.
- The patient has an end-stage disease.
- Do not resuscitate (DNR) verbal/telephone orders must be validated by two nurses (one must be an RN) signed, dated and timed within 24 hours.

Behavioral Health

The Baker Act, Florida Mental Health Act of 1971, is primarily for mental illness and is used for involuntary commitment to a psychiatric facility for up to 72 hours when someone appears to be a danger to themselves or others. It allows for involuntary commitment and examination of an individual who possibly has a mental illness or is a

threat to self or others, or is self-neglectful. The Baker Act can be initiated by judges, law enforcement officials, physicians or mental health professionals.

The Marchman Act is used for involuntary assessment and treatment for chemical dependency/substance abuse. To invoke the Marchman Act, a spouse, blood relative, physician or any three people who have direct knowledge of a person's substance abuse can petition the courts for mandatory assessment and treatment of someone who is abusing drugs or alcohol and appears to be a danger to themselves or others. The petition allows for an initial assessment.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS)

A standardized survey (22 questions) for measuring patient's perspectives of hospital care which is credible, useful and practical.

The survey questions address 8 domains including communication by physicians and nurses, control of pain, quietness and cleanliness of the facility.

The survey was developed by CMS in partnership with AHRO

Goals of the Survey include:

- Create incentives for hospitals to improve quality of care
- Enhance public accountability by increasing transparency
- Financial implications for hospitals and physicians

Hospital results are publicly reported on the Hospital Compare website:

www.hospitalcompare.hhs.gov

There are questions directly focused on Physician Interaction

These questions are:

- 1) How often did doctors treat you with courtesy and respect?
- 2) How often did doctors listen carefully to you?
- 3) How often did doctors explain things in a way you could understand?

Their response options are: Never, Sometimes, Usually, and Always

ALWAYS is the ONLY response for which we get credit from CMS.

Hospital Administration Contacts

BayCare Alliant Hospital

Jacqueline Arocho

Administrator



BayCare Behavioral Health

Gail Ryder

Vice President

Morton Plant Mease Hospitals

Neal (Kris) Hoce

President, Morton Plant Hospital

Lou Galdieri

President, Mease Hospitals

Michael Yungmann

President, Morton Plant North Bay Hospital

St. Anthony's Hospital

Scott Smith

President

St. Joseph's Hospitals and South Florida Baptist Hospital

Kim Guy

President, St Joseph's Hospital

Paula McGuinness

President, St. Joseph's Hospital-North

Matt Novak

President, St. Joseph's Hospital-South

Karen Kerr

President, South Florida Baptist Hospital

Winter Haven Hospital

Steve Nierman

President

Bartow Regional Medical Center

Philip Minden

President



I acknowledge that I have read the entire Physician Orientation for BayCare.

