Hand Hygiene
Hand washing or the use of alcohol hand rub is the single most important step to prevent the spread of infection/organisms. You must wash your hands with soap and water if your hands are visibly soiled or if the patient is in isolation for C-difficile.

Gloves are not a substitute for hand hygiene. Clean hands before donning gloves and after removing gloves.
Perform hand hygiene before and after every patient contact or room entry/exit.

Follow Isolation Precautions

<table>
<thead>
<tr>
<th>Isolation Type</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airborne</td>
<td>Wear a fit-vest N-95 respirator in designated negative pressure rooms.</td>
</tr>
<tr>
<td>Contact</td>
<td>Wear gloves and gown upon room entry.</td>
</tr>
<tr>
<td>Droplet</td>
<td>Wear a surgical mask prior to room entry.</td>
</tr>
</tbody>
</table>

Discard PPE inside room and perform hand hygiene before exiting room. Clean all shared equipment between patients.

Catheter Associated Urinary Tract Infections/Preventions
Urinary catheters are indicated for:
- Accurate output measurement for the critically ill (ICU)
- Post procedure < 24 hours
- Acute & chronic urinary retention
- Pressure ulcer healing with incontinence
- Terminally ill/comfort measure
- Colorectal surgery/Urogyne surgery
- Prolonged immobility due to spinal surgery trauma
- Epidural/regional anesthesia

Surgical Site Infections (SSIs)/Preventions
Implement best practices for preventing surgical site infections including:
- Administer IV antibiotic prophylaxis at the appropriate time as recommended by current guidelines and infection control
- Confer with anesthesia to ensure timely antibiotic administration
- Discontinue prophylactic antibiotics 24 hours after surgery
- Avoid hair removal; if hair removal is necessary, remove hair outside of the operating room using clippers or a depilatory agent

Central Line-Associated Bloodstream Infections/Prevention
Perform hand hygiene, don mask/gown/sterile gloves/cap, Chloraprep skin prep, and drape site with large sterile barrier. The subclavian is the preferred site. Document central line insertion bundle into Epic. Follow best practice for line maintenance and access.

Standard Precautions
Applies to all patients receiving care, regardless of their diagnosis or presumed infectious status. Standard Precautions include:
- Proper use of Personal Protective Equipment - mask with face shield, gloves and gowns.
- Prevention of Blood borne exposures - Practice sharp safety, engage safety devices and dispose in the nearest sharps containers.
- Report to the ED immediately if you have a blood/body fluid exposure.
- Do not wear Personal Protective Equipment (PPE) in the hallways.

Note: Confirmed SSIs are part of publicly reported data used to demonstrate both providers' and organizations' quality of care. Additionally, SSI occurrences impact repayment!
History and Physical (H&P)
An H&P needs to be completed on a patient as follows:

1. Admitting to the hospital
The H&P should include: chief complaint, details of present illness, relevant past, social and family histories, medications on admission, immunization history, allergies, conditions Present On Admission (POA), review of body systems, physical exam, lab and diagnostic findings, conclusions/impressions, planned procedure, goals and treatment plan.

This document should be completed within 24 hours after admission or registration (exception: within 72 hours following admission to TCU).

2. Re-admitted to the hospital
If patient is readmitted within 30 days for the same or different problem, a readmission note should be written in the patient’s medical record as well as an updated physical exam, which includes any changes in the patient’s current condition.

This documentation should be completed within 24 hours after admission.

3. Prior to outpatient diagnostic testing
The H&P, specific to the affected system, must be in the medical record prior to the procedure.

4. Prior to elective inpatient or outpatient procedures
The H&P should be completed no more than 30 days prior to the procedure and should include an updated examination of the patient, including any changes in the patient’s condition prior to performance of procedure. Patients will not be allowed into any procedural/surgical areas unless the H&P and pre-procedure/operative diagnosis have been entered into Epic.

5. Prior to EMERGENT surgeries
The H&P examination must be recorded in the medical record before any surgical or other invasive procedure is undertaken, unless the surgeon certifies in writing that the case is an emergency and delay for such a purpose would constitute a hazard to the patient and could potentially result in loss of life or limb.

6. Pediatric patients
The pediatric H&P should include the following: developmental age, length or height and weight, head circumference and, if appropriate, immunization status. This document should also be completed within 24 hours after admission.

Discharge Summary
A discharge summary must be completed for all patients hospitalized for more than 48 hours (except normal newborns and uncomplicated deliveries). Furthermore, the discharge summary must be completed within 30 days from the date of discharge and should include the following:

- Relevant past diagnoses and procedures
- Reason for hospitalization
- Any significant findings
- Procedures performed and treatment rendered
- Patient’s condition at discharge
- Discharge instructions given to the patient, family or caregiver regarding diet, activity, medications and follow-up

Ensure there are no home medications included on the discharge summary for expired patients!

As of January 2016 use of an order set is REQUIRED on all admissions
Informed Consent/Post-Procedure Progress Note/Comprehensive Operative Reports

1. The surgeon/proceduralist is responsible for obtaining and documenting an informed consent that includes the patient’s potential risks, benefits, options for alternatives and the likelihood of success with the procedure. Note: The Informed Consent MUST be dated and timed!

2. A post-procedure progress note is documented immediately after a procedure or surgery. This note MUST include:
   - Surgeons and assistants’ names
   - Procedure/surgery performed
   - Description of findings
   - Estimated blood loss
   - Specimens taken
   - Post-procedure/operative diagnosis
   - Signature/date/time

3. A comprehensive operative report must be completed within 24 hours following the procedure/surgery and include:
   - Date of surgery/ procedure
   - Name of surgeon(s) and assistant(s)
   - Preoperative diagnosis
   - Postoperative diagnosis
   - Surgical procedure
   - Type of anesthesia
   - Complications
   - Description of techniques and findings
   - Description or specimens removed
   - Estimated blood loss
   - Implant or graft information

Copy & Paste

1. Providers should avoid:
   a. Inappropriate use of copy/paste functionality (Example: Copying a previous note without updating the information; plagiarizing a note from another Provider into an encounter without attribution to the originating author).
   b. Over-documentation of clinically irrelevant information (Example: Documenting conditions that are not being treated and/or irrelevant comorbidities).
   c. Copying redundant information provided in other parts of the EMR (Example: Including the past 7 days of vital signs in the progress note).

2. Providers should avoid cloned notes functionality, such as:
   a. When one patient’s medical record is cloned (copied) into a different patient’s EMR.
   b. When a pre-completed note is used by the Provider(s) for all the patients with the same review of systems (ROS) and physical examination pre-documented and not updated with information specific to the patient.

Follow the application sub-policy for further guidelines (see Administrative House-Wide Policy and Procedure 20.22 - Copy & Paste Functionality in Electronic Patient Records).

Chart Completion

Physicians must complete all chart deficiencies and transcribed dictations from the Hospital Chart Completion and Transcriptions folders. Epic deficiency letters will be sent to the In Basket “Deficiency Letter” folder.

GMH Epic Downtime Procedures

In the event of a temporary or sustained period of Epic downtime the GMH Epic Downtime Procedures should be followed. It can be found on the Gott.news website.

As of January 2016 use of an order set is REQUIRED on all admissions
Emergency Preparedness
In addition to the codes on the above badge you should also be aware of three other emergency types:

OB Alert - OB Hemorrhage
Cardiac Alert - Incoming Cardiac Arrest
Stroke Alert - Patient with potential stroke

Know your codes and your responsibility. Standby for further notice from the Incident Command.

Security Management
All medical and hospital staff members are expected to wear their ID badges in a visible location at all times. Additionally, remember to lock lockers and vehicles.

General Safety

Bomb Threat
If a bomb threat is received by phone:
- Keep the caller on the line
- Ask caller to repeat the message
- Attempt to record every word spoken by caller
- Immediately report the bomb threat to security
- Individual receiving the call should remain available until law enforcement arrives

Hazardous Materials and Waste Management
In case of a spill:
- Dial “911”
- Give location of spill and announce “Code Orange” immediately (“Code Orange” is the designated code for a chemical spill at Gottlieb)
- Complete a VOICE report!

Fire Prevention and Response
If a fire is discovered in your area, the following actions should be taken:

R.A.C.E.
Rescue anyone in immediate danger.
Alarm others, call 911 and activate the nearest pull station.
Contain the fire by closing the door.
Extinguish the fire, only if safe to do so.

P.A.S.S.
Pull the pin between the handles.
Aim at the base of the fire.
Squeeze handles together.
Sweep from side to side.

Know location of nearest fire alarm pull box and extinguishers.

Evacuation routes are posted by every elevator. DON’T use elevators unless directed to by Fire Department.

First level of evacuation is horizontal away from the fire and beyond the nearest set of fire doors then vertically down stairways.
GMH Falls Prevention Program
The falls prevention program aims at decreasing the risk of a patient fall with a proactive versus a reactive approach.

Key elements of the Falls Prevention Program include:
1. Patient fall risk assessment is completed upon admission, daily and when there is a change in the patient’s condition.
2. After each patient fall a safety huddle is held with participants including the patient’s RN, PCA, charge nurse and nurse manager or nursing supervisor within 1 hour of the event.
3. A “huddle” form is completed on all patient falls.
4. Purposeful hourly rounding, including reminding patients to call for assistance is implemented on all units.
5. Falls Prevention Committee meets once a month to review data and identify any opportunities for improvement: members include nursing and ancillary areas.
6. Weekly leadership fall huddles present falls from previous week and identify opportunities.

Pressure Ulcers
All inpatients need a thorough assessment of their skin integrity, especially on admission. Findings from this assessment should be placed in the patient’s History and Physical (H&P) and updated as appropriate in daily progress notes. If pressure ulcers are present on admission make sure to also indicate location.

Restraints
Restraints are used only when clinically justified or when warranted by patient behavior that threatens the physical safety of the patient, staff or others. Patients’ rights, dignity and safety are protected and maintained. Restraints are used in the least restrictive, safest, and most effective manner possible. Restraint use is assessed and reassessed per policy and discontinued at the earliest possible time, regardless of the scheduled expiration order.

We need your help ensuring that the order is placed when needed.

Orders for Non-Violent restraints or Non-Self-Destructive Behavior:
- Restraint order is good for 24 hours.
- Assess for continuation with each order renewal; a new order must be obtained, based upon a daily face-to-face exam of the patient by a Licensed Independent Practitioner (LIP).

Orders for violent restraints/self destructive behaviors:
- All LIPs must see the patient within one hour after initiation of the restraints to evaluate the patient’s immediate situation, reaction to the intervention, medical condition (including review of systems), behavioral condition, high risk medical issues and need to continue or terminate the restraints.

Time limited order applies and may not exceed:
- Four (4) hours for adults
- Two (2) hours for children and adolescents ages 9-17
- One (1) hour for children under 9 years of age
- Assess for continuation with each order renewal

Pain Management
When two or more PRN medications are ordered for pain, the patient’s level of pain will determine which PRN medication is administered based on the medication classification.

Ordering practice for PRN:

Mild Pain (pain scale 1-3)
- Acetaminophen (Tylenol)
- Aspirin
- COX-2 Inhibitor (Celebrex)
- Meloxicam (Mobic)
- NSAIDS (Ibuprofen, Motrin, Aleve, Naprosyn)

Moderate Pain (pain scale 4-6)
- Acetaminophen + Codeine (Tylenol #3)
- Butorphenol (Stadol)
- Fiorinal with Codeine
- Hydrocodone + Acetaminophen (Vicodin, Norco, etc.)
- Ketorolac (Toradol)
- Oxycodone + Acetaminophen (Percocet)
- Oxycodone + Aspirin (Percodan)
- Hydrocodone + Ibuprofen (Vicoprofen)
- Tramadol (Ultram)
- Tramadol + Acetaminophen (Ultracet)

Severe Pain (pain scale 7-10)
- Fentanyl
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Methadone
- Morphine
- Oxycodone
- Tapentadol (Nucynta)

Note the majority of the templates for these documents already include a skin integrity field.
Pain Management (Cont.)
A previous pain survey of 50 patients was conducted on the 6th floor. Findings from the survey identified that patients expect to receive their analgesics within 15 minutes of their request. For a patient experiencing acute and/or chronic pain, having the analgesic available (ordered) for their level of pain significantly impacts their perception and satisfaction with how well their pain is being managed.

Furthermore, did you know one of the questions on the patient satisfaction survey is “Was your pain well controlled during your hospital stay?” Understanding patients’ expectation related to how quickly they receive their pain medication and how well it controls their pain is imperative to improving patient satisfaction scores.

Advance Directive
Having an Advance Directive provides patients the opportunity to make informed decisions about end-of-life care and services. Encourage patients to have this discussion when they are well so that these decisions are in place when they are faced with illness.

Do Not Resuscitate (DNR)
The Ethics Committee has written and approved the Do Not Resuscitate policy. The policy was also approved by the MEC. This policy addresses issues that were out of date or were not in compliance with Illinois law. The new policy incorporates guidelines from national and international professional societies.

Nurses can now take a DNR telephone order. The older version of this policy required the hospitalist to take the order from the primary care physician and enter the order in Epic. The policy affirms that if the patient has a valid Illinois POLST form, properly filled out and signed, we are bound to honor that even if there is no DNR order entered into Epic. This is in compliance with Illinois law.

ED physicians can enter a DNR order either based on a discussion with the patient/surrogate or based on a valid POLST.

The section on patients with a DNR order going for surgery or procedures requiring sedation or anesthesia was rewritten to conform to guidelines by the surgical and anesthesia professional societies.

The old version of this policy called for automatic suspension of the DNR order, which did not always comply with the patient’s wishes. This policy calls for a more collaborative approach involving the patient/surrogate, the treating physicians and the anesthesia service.

The policy recommends that a referral to the Ethics Committee may be helpful at any time in the process, especially when there is uncertainty or conflict.

Hospice Care
Hospice care is end of life care that provides comfort and support for persons with life-limiting conditions as well as their families. Hospice care aims to control a patient’s pain and symptoms for the length of their illness. Specifically, the focus is on caring not curing. Generally, for patients to be eligible for hospice care they must be considered terminal with a life-expectancy of 6 months or less if the disease follows its normal course.

The decision for patient/families to decide on hospice care may be a difficult one. Providing adequate information and having honest discussions with patients/families early on in the disease process can ease some of the difficulty in choosing hospice care.

Visitation Rights
Trinity Health recognizes that a key component in ensuring patient excellence in care involves respecting the rights of patients including their rights to involve family members, domestic partners and significant others in their care or treatment.

Gottlieb Memorial Hospital supports a patient-centered, open visitor policy while striving to maintain a safe and secure environment for patients and their families, support person, visitors, and staff.

General visiting information includes:
- Children between 6 and 16 may visit but must be accompanied by a responsible adult.
- General floor visiting hours are from 11:00 am to 8:00 pm daily.
- Critical and intermediate units have department-specific visiting regulations but exceptions will be permitted based on patient and family needs.
- A family member may remain in the hospital overnight with the approval of the Nursing Supervisor, Nurse Manager or Charge Nurse.
Do you know the general differences and similarities between Hospice Care and Palliative Care?

**Palliative Care**

Palliative care is defined as specialized medical care for people with serious illnesses. Palliative Care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness - whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care can be provided by a team of doctors, nurses, and other specialists who work with a patient's primary doctor to provide an extra layer of expertise. Palliative care is appropriate at any age and at any stage in a serious illness, and can be provided together with curative treatment.
Antibiotic stewardship is defined as: "Coordinated interventions designed to improve and measure the appropriate use of [antibiotic] agents by promoting the selection of the optimal [antibiotic] drug regimen including dosing, duration of therapy, and route of Administration."¹

Benefits of an antimicrobial stewardship program²:
- Improved patient outcomes
- Reduced clostridium difficile infection (CDI) in addition to other adverse drug reactions (ADRs)
- Improved antibiotic susceptibility rates

Antibiotic stewardship team members:
- Infectious Disease
- Pharmacists
- Infection Prevention
- Pharmacy Informatics
- Microbiology/Molecular pathology
- Chief Quality Officer
- Emergency Medicine

Programs to optimize antibiotic stewardship:
- Order sets to assist in therapy selection
  - Examples include “Sepsis Adult,” “Pneumonia,” “Sexually Transmitted Disease or Urinary Tract Infection,” and a variety of pre-operative order sets and antimicrobial prophylaxis guidelines
  - All order sets may be found on gott.news-> Policies/procedures/forms -> Guidelines, order sets and forms
    - Direct link http://gmhweb.lumc.edu/content/clinical-protocols
- IV to PO
  - Once a patient is tolerating other medications or food by the oral or enteral route, the pharmacy will automatically switch antibiotics with good bioavailability and similar efficacy as the IV
    - Azithromycin
    - Ciprofloxacin
  - Doxycycline
  - Fluconazole
  - Levofoxacin
  - Metronidazole
  - Linezolid

- Pharmakokinetic dosing service for aminoglycoside antibiotics and vancomycin
  - Available upon consultation
  - Pharmacy will enter the orders and complete notes in Epic
  - Prescribing Restrictions
    - Daptomycin- infectious disease specialist only
    - Linezolid- infectious disease or intensivist only
    - Tigecycline- infectious disease or intensivist only
    - Ertapenem- outpatient use only (may administer one dose prior to discharge); not approved for surgical prophylaxis
    - Amphotericin B intravenous formulations – infectious disease specialist only
- Renal Dosage Guideline
  - Pharmacists are authorized to adjust medication dosage (including antibiotics) based on renal function assessment and published guidelines
- Antibiotic use tracking
  - Tracked quarterly by prescriber, antibiotic cost, number of patients and cost per patient
- Antibiotic susceptibility tracking
  - An antibiogram is compiled annually. This is posted on the Guidelines, Order Sets and Forms page under the ALL SERVICES heading
- Emergency Department
  - A culture and sensitivity follow-up is performed to ensure that prescribed therapy is appropriate.
  - Patients being prescribed antibiotics are provided a copy of the CDC informational leaflet "You've been prescribed an antibiotic: now what?"
- Antibiotic Formulary

Antibiotics on Formulary

<table>
<thead>
<tr>
<th>Penicillins</th>
<th>Cephalosporins</th>
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<tbody>
<tr>
<td>Penicillin G</td>
<td>Cefazolin</td>
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<tr>
<td>Penicillin V</td>
<td>Cephalaxin</td>
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<tr>
<td>Nafcillin</td>
<td>Cefadroxil</td>
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<tr>
<td>Dicloxacillin</td>
<td>Cefuroxime</td>
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<tr>
<td>Ampicillin</td>
<td>Cefoxitin</td>
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<tr>
<td>Amoxicillin</td>
<td>Ceftriaxone</td>
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<tr>
<td>Amoxicillin/sulbactam</td>
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<tr>
<td>Gentamicin</td>
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<td>Chloramphenicol</td>
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<td>Clindamycin</td>
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<td>Erythromycin</td>
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<td>Clindamycin</td>
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<td>Macrolides</td>
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<td>Erythromycin</td>
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<td>Azithromycin</td>
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<td>Levofloxacin</td>
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<td>Clarithromycin</td>
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<td>Macrolides</td>
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<td>Ciprofloxacin</td>
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<td>Fluroquinolones</td>
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<td>Ciprofloxacin</td>
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<td>Cefuroxime</td>
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<td>Levofloxacin</td>
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<td>Sulfonamides</td>
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<td>Sulfamethoxazole/trimethoprim</td>
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<td>Vancomycin</td>
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<td>Daptomycin</td>
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<td>Oxazolidinone</td>
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<td>Linezolid</td>
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<td>Ertapenem</td>
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<td>Meropenem</td>
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<td>Carbapenems/Monobactams</td>
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<td>Ertapenem</td>
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<td>Sulfonamides</td>
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<td>Sulfamethoxazole/trimethoprim</td>
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<td>Glycopeptide/lipopeptide</td>
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<td>Vancomycin</td>
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<td>Daptomycin</td>
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<td>Clindamycin</td>
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<td>Tetracyclines/glycylcine</td>
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<td>Doxycycline</td>
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<td>Tigecycline</td>
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<td>Nitroimidazole</td>
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<td>Metronidazole</td>
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<tr>
<td>Miscellaneous</td>
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<tr>
<td>Fosfomycin</td>
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<td>Antifungal</td>
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<td>Fluconazole</td>
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<td>Fluconazole/voriconazole</td>
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<td>Caspofungin</td>
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<td>Azacyclovir</td>
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<td>Acyclovir</td>
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<td>Valacyclovir</td>
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# Clinical Core Measures

## Core Measure MUST DO'S for Perfect Compliance

<table>
<thead>
<tr>
<th>Measure</th>
<th>Physician Actions</th>
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<tbody>
<tr>
<td><strong>HBIPS</strong> For Geriatric Behavioral Health Patients on 3S</td>
<td>• Documentation <strong>MUST</strong> be completed, within the first day of patient’s admission, reflecting their tobacco use within the past 30 days and that they have been offered smoking cessation medication (make sure to also document refusal).&lt;br&gt;• Documentation at discharge <strong>MUST</strong> include patient being offered a prescription for smoking cessation medication or the reason why they are not receiving it. If the patient refused tobacco cessation medication during hospitalization, a prescription must be offered again at the time of discharge.&lt;br&gt;• Documentation <strong>MUST</strong> include that metabolic screen (BMI, BP, Glucose or HbA1c, and Lipid Panel) was performed prior to or during index hospitalization for patients discharge on one or more routinely scheduled antipsychotic medications.</td>
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<tr>
<td><strong>Transition Record</strong> For Geriatric Behavioral Health Patients on 3S</td>
<td>• All patients discharged from the Geriatric Behavioral Health Unit (GBHU) must be provided with a Transition Record that includes/addresses the following elements:&lt;br&gt;  • Reason for inpatient admission and principle diagnosis at discharge&lt;br&gt;  • Major procedure and tests, including summary of results&lt;br&gt;  • Current medication list&lt;br&gt;  • List of studies pending at discharge or documentation that no studies are pending&lt;br&gt;  • Directions for patient and/or caregiver to follow upon discharge (ex. medication information, activity restrictions, warning signs/symptoms associated with condition etc.)&lt;br&gt;  • Medical and psychiatric advanced directives addressed&lt;br&gt;  • 24hr/7-day contact information including physician for emergencies related to inpatient stay&lt;br&gt;  • Contact information for obtaining test results pending at discharge&lt;br&gt;  • Plan for follow up care that describes treatment and other support services to maintain or optimize health&lt;br&gt;  • The name of primary care provider, other healthcare professional or site designated for follow up care</td>
</tr>
<tr>
<td><strong>OP-29</strong> Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</td>
<td>• Documentation <strong>MUST</strong> include date of last colonoscopy. If unknown, document “last colonoscopy unknown.”&lt;br&gt;• Documentation <strong>MUST</strong> include reason for screening if colonoscopy is done sooner than a 3 year interval.</td>
</tr>
<tr>
<td><strong>OP-30</strong> History of Adenomatous Polyps: Avoidance of Inappropriate Use</td>
<td>• Documentation <strong>MUST</strong> document in the Stroke Navigator.&lt;br&gt;• Documentation <strong>MUST</strong> address antithrombotic upon admission, if contraindicated, there <strong>MUST</strong> be documentation as to why.&lt;br&gt;• Documentation <strong>MUST</strong> address VTE prophylaxis upon admission, if contraindicated, there <strong>MUST</strong> be documentation as to why.&lt;br&gt;• Documentation <strong>MUST</strong> include “last known well.”&lt;br&gt;• Documentation <strong>MUST</strong> address tpa if within window of time.&lt;br&gt;• Documentation <strong>MUST</strong> address rehab services at any point prior to discharge. If no rehab services needed, documentation <strong>MUST</strong> include reason for no rehab.&lt;br&gt;• Documentation <strong>MUST</strong> address Statin upon discharge.</td>
</tr>
<tr>
<td><strong>Stroke</strong></td>
<td>• <strong>USE</strong> the admission order set (order set automatically prompts ordering for VTE related requirements).&lt;br&gt;• Documentation <strong>MUST</strong> address both mechanical and pharmacological prophylaxis. If both are not ordered rational for not doing so <strong>MUST</strong> be documented on the order.</td>
</tr>
<tr>
<td><strong>VTE</strong></td>
<td>• <strong>USE</strong> the admission order set to aid 3hr and 6hr bundle compliance.</td>
</tr>
<tr>
<td><strong>Sepsis</strong></td>
<td>• <strong>USE</strong> the sepsis order set to aid 3hr and 6hr bundle compliance.&lt;br&gt;• Refer to Sepsis Care at Gottlieb section of this newsletter.</td>
</tr>
</tbody>
</table>
## Core Measure MUST DO’S for Perfect Compliance

<table>
<thead>
<tr>
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</table>
| **SCIP**                                     | • Prophylactic antibiotics **MUST** be selected from the recommended list of antibiotics even for patients with β-lactam allergies. *Antibiotic selection grids are available in surgical areas and from the Quality Management Resources Department.*  
  • If prophylactic antibiotics are continued past the 24 hours post anesthesia end time documentation **MUST** include reason for continuation and the reason **MUST** be on the acceptable reasons for continuation.  
  • GMH typically only includes patients who have a confirmed infection or that an infection is suspected. Continuing prophylactic antibiotics for empirical reasons is **NOT** an acceptable reason.  
  • Documentation **MUST** outline the rationale for continuing a urinary catheter past post operative day two e.g. “Continue catheter patient is completely immobile.”  
  • **ENSURE** patients on beta-blockers prior to hospitalization are continued on them during their hospitalization, if contraindicated, there **MUST** be documentation as to why. |
| **Heart Failure Get With the Guidelines (GWTG)** | • Documentation **MUST** include last LVEF%.  
  • Documentation **MUST** address ACE or ARB upon discharge.  
  • Beta Blockers upon discharge **MUST** be one of the evidence-based beta blocker  
    • Carvedilol  
    • Bisoprolol, or  
    • Metoprolol Succinate (CR/XL) |
Sepsis is a common problem in hospitalized patients. It is highly lethal and costly to treat. There are an estimated 750,000 cases a year in the US and the incidence is likely to increase as our population ages. Mortality has been reported as high as 30-50%, but prompt, aggressive, guideline-based care can reduce mortality to as low as 15%. CMS has issued guidelines for the management of sepsis and Trinity Heath has focused resources on the diagnosis and management of sepsis. Most cases of sepsis, severe sepsis and septic shock are identified in the ED. Guideline based care is initiated in the ED and continued in the ICU.

Actions Gottlieb has Taken to Improve Sepsis Care
• Developed a Sepsis Committee.
• Laura Baratta is now the Sepsis Coordinator. In her role she monitors Gottlieb's sepsis care and helps clinicians adhere to guidelines.
• Physician Champions are Dr. Luger and Dr. Han.
• Sepsis recognition tools have been built into Epic for ED and med-surg floors. These tools run in the background-monitoring vital signs and labs and fire alerts when certain parameters aren’t met.
• Staff education is provided in a variety of methods: skills lab, e-learnings, Everything Epic, Job Aid, rounding, unit and department meetings.
• A sepsis order set has been built which follows the CMS and Trinity Health guidelines.
• The Quality Management Resource Department reviews all cases of sepsis and gives valuable feedback on the hospital’s compliance with sepsis best practices.
• Feedback letters are sent to physicians and staff regarding meeting the SEP-1 clinical elements.

Primary Care Physicians and Consultants have an Important Role in the Identification and Management of Sepsis
• Please review the definitions of sepsis, severe sepsis, and septic shock (following page).
• In-patient and ED Process Flows (page 15).
• Following the Sepsis Treatment Bundles:

To Be Completed Within 3 Hours of Time of Presentation:
- Measure lactate level
- Obtain blood cultures prior to administration of antibiotics
- Administer broad spectrum antibiotics
- Administer 30 ml/kg crystalloid for hypotension or lactate ≥4mmol/L

To Be Completed Within 6 Hours of Time of Presentation:
- Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a MAP ≥ 65
- Re-measure lactate level if initial lactate elevated (>2)
- In the event of persistent hypotension after initial fluid administration (MAP < 65 or if initial lactate was ≥4 mmol/L, re-assess volume status and tissue perfusion and document findings
- Use Epic Dot Phrase .6HRSEPSISFOCUS

• Respond promptly to Sepsis Alerts. Nurses may contact attending providers or sepsis alerts may fire when you open your patient’s chart in Epic. If sepsis is suspected:
  - Use the sepsis order set to order blood cultures and lactate levels (the order panel has the initial and repeat at 3 hours) as well as IV fluids and antibiotics.
  - Call the intensivist (7am -7pm @ 708-261-8580) or hospitalist (7pm -7am @ 708-427-2030, pager 708-643-4015) to valuate the patient for possible transfer to ICU.
Recognition of Sepsis
- Early recognition of sepsis can help save a life. Implementation of 3 hour bundle can reduce progression of sepsis.
- Patients admitted to medical/surgical units can be in acute stages of sepsis; nursing recognition of sepsis will help improve that patient’s prognosis and outcomes.
- Septic shock (red zone) is one of the most common causes of death in ICUs.
- Early identification and interventions of a septic patient (green zone) can prevent the progression to severe sepsis (yellow zone) and septic shock (red zone).

SIRS = Systemic Inflammatory Response Syndrome
A patient that meets two (2) or more of the following criteria (SIRS) makes them at risk for developing sepsis:
- Temperature >38° (100.4) or <36° (96.8)
- Heart rate > 90/min
- Resp Rate > 20/min or PaCO2<32 mmHg
- Hyperglycemia with glucose > 140 mg/dL in the absence of diabetes
- Leukocytes >12,000; <4,000 or more than 10% bands

Sepsis MUST DO’s for Perfect Compliance
- MUST acknowledge MEWS alerts.
- Initiate Sepsis order set if appropriate.
- Documentation MUST include source of infection or suspected source of infection. If unknown, MUST document “unknown source.”
MEWS (MODIFIED EARLY WARNING SEPSIS) FOR SEPSIS EARLY GLOBAL DIRECTED THERAPY

A MEWS score of 5 or greater will trigger a Best Practice Alert (BPA) that alerts all members of the care team that the patient might be showing signs of early clinical deterioration. Please remember that MEWS is NOT a sepsis screening tool, but it is a tool that may identify patients who are showing the initial signs of sepsis. Every time a MEWS BPA fires on one of your patients, please ask yourself if this patient could be septic.

At Gottlieb, **when a BPA for a MEWS score of 5 or greater is triggered**, the RN will immediately notify the ICU Intensivist from 7am-7pm at (708) 261-8580 and the Encompass Hospitalist from 7pm—7am at (708) 427-2030 or page (708) 643-4015 for a “**Critical Care Consult to be evaluated for SEPSIS**.” After the evaluation, the Intensivist/Hospitalist will communicate with the attending physician via Epic note(s) and/or directly speaking with the Attending physician. If that patient is septic, the sepsis order set should be used as all the Best Practice Core Measures are identified.

The grid below demonstrates how the MEWS Score is tabulated based on the range of each vital sign documented in the Epic VSS flowsheet.

- Scores range from 0-15 points
- MEWS score of 4 triggers a **yellow** BPA alert for “Sepsis” MEWS
- MEWS Score of 5 triggers a **red** BPA alert for “Sepsis” MEWS
- Reference In-patient and ED Process Flows (next page) when needed

### GMH Sepsis MEWS Scoring

<table>
<thead>
<tr>
<th>Points</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Temperature</strong></td>
<td>≤ 34.9</td>
<td>34.5-35.0</td>
<td>35.1-36.0</td>
<td>36.1-37.9</td>
<td>38.0-38.6</td>
<td>38.7-40.5</td>
<td>≥ 40.6</td>
</tr>
<tr>
<td><strong>Pulse</strong></td>
<td>≤ 40</td>
<td>41-50</td>
<td>51-100</td>
<td>101-110</td>
<td>111-129</td>
<td>≥ 130</td>
<td></td>
</tr>
<tr>
<td><strong>Respiratory Rate</strong></td>
<td>≤ 8</td>
<td>9-20</td>
<td>21-29</td>
<td>≥ 30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Systolic BP</strong></td>
<td>≤ 70</td>
<td>71-80</td>
<td>81-100</td>
<td>≥ 101</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Level of Consciousness**

- **Combative**
- **Irritable**
- **Acute Confusion**
- **Restless**
- **Alert**
- **Arousable**
- **Asleep**
- **Awake**
- **Eyes open spontaneous**
- **Drowsy**
- **Eyes open to voice**
- **Eyes open to pain**
- **Eyes open to Stimulus**
- **Pharmacologically paralyzed**
- **Comatose**
- **Lethargic**
- **Unresponsive**
eCQMs (electronic clinical quality measures) otherwise known as e-measures are electronically abstracted core measures data. Data is mapped from discrete data fields within the EMR. Unlike chart abstracted data, information is not captured from free text within provider progress notes. It is pertinent that providers utilize all pertinent available order sets, navigators and complete medication reconciliation so data can be captured!

Hospitals participating in the CMS Hospital Quality Reporting Program (HQR) must report eCQMs. Gottlieb will submit the following eCQMs in calendar year 2017:

- ED-1
- ED-2
- STK-2
- STK-3
- STK-5
- STK-6
- STK-8
- STK-10

Check out the next page (17) for core measure definitions!
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<th>PUBLICLY REPORTED JOINT COMMISSION / CMS NATIONAL HOSPITAL INPATIENT QUALITY CORE MEASURES</th>
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<tr>
<td><strong>VENOUS THROMBOEMBOLISM (VTE)</strong></td>
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<tr>
<td>• VTE-6 Incidence of Potentially-Preventable Venous Thromboembolism</td>
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<tr>
<td><strong>IMMUNIZATION (IMM)</strong></td>
</tr>
<tr>
<td>• IMM-2 Influenza Immunization</td>
</tr>
<tr>
<td><strong>SEPSIS (SEP)</strong></td>
</tr>
<tr>
<td>• SEP-1 Severe Sepsis and Septic Shock: Management Bundle Composite Measure</td>
</tr>
<tr>
<td><strong>HOSPITAL-BASED INPATIENT PSYCHIATRIC SERVICES (HBIPS)</strong></td>
</tr>
<tr>
<td>• HBIPS-1 Admission Screening Assessment</td>
</tr>
<tr>
<td>• HBIPS-2 Hours of Physical Restraint Use</td>
</tr>
<tr>
<td>• HBIPS-3 Hours of Seclusion Use</td>
</tr>
<tr>
<td>• HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification</td>
</tr>
<tr>
<td>• Transition Record with Specified Elements Received by Discharged Patients</td>
</tr>
<tr>
<td>• Timely Transmission of Transition Record</td>
</tr>
<tr>
<td>• Screening for Metabolic Disorders</td>
</tr>
<tr>
<td>• SUB-1 Alcohol Use Screening</td>
</tr>
<tr>
<td>• SUB-2 Alcohol Use Brief Intervention Provided or Offered</td>
</tr>
<tr>
<td>• SUB-2a: Alcohol Brief Use Intervention</td>
</tr>
<tr>
<td>• SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge</td>
</tr>
<tr>
<td>• SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge</td>
</tr>
<tr>
<td>• TOB-1 Tobacco Use Screening</td>
</tr>
<tr>
<td>• TOB-2 Tobacco Use Treatment Provided or Offered</td>
</tr>
<tr>
<td>• TOB-3 Tobacco Use Treatment Provided or Offered at Discharge</td>
</tr>
<tr>
<td>• TOB-3a Tobacco Use Treatment at Discharge</td>
</tr>
<tr>
<td>• IPF IMM-2 Influenza Immunization for inpatient psychiatric patients</td>
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<tr>
<td><strong>STROKE (STK)</strong></td>
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<tr>
<td>• STK-1 Venous Thromboembolism (VTE) Prophylaxis</td>
</tr>
<tr>
<td>• STK-2 Discharged on Antithrombotic Therapy</td>
</tr>
<tr>
<td>• STK-3 Anticoagulation Therapy for Atrial Fibrillation/Flutter</td>
</tr>
<tr>
<td>• STK-4 Thrombolytic Therapy</td>
</tr>
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<td>• STK-5 Antithrombotic Therapy By End of Hospital Day 2</td>
</tr>
<tr>
<td>• STK-6 Discharged on Statin Medication</td>
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<tr>
<td>• STK-8 Stroke Education</td>
</tr>
<tr>
<td>• STK-10 Assessed for Rehabilitation</td>
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</table>

**EMERGENCY DEPARTMENT (ED)**

- ED-1 Median Time from ED Arrival to ED Departure for Admitted ED Patients
- ED-2 Admit Decision Time to ED Departure Time for Admitted Patients

**eCQMs (e-measures) Not publicly reported.**

- ED-1 Median Time from ED Arrival to ED Departure for Admitted ED Patients
- ED-2 Admit Decision Time to ED Departure Time for Admitted Patients
- STK-2 Ischemic Stroke - Discharged on Antithrombotic Therapy
- STK-3 Ischemic Stroke - Anticoagulation Therapy for Atrial Fibrillation/Flutter
- STK-5 Ischemic Stroke - Antithrombotic Therapy By End of Hospital Day Two
- STK-6 Ischemic Stroke - Discharged on Statin Medication
- STK-8 Ischemic or Hemorrhagic Stroke - Stroke Education
- STK-10 Ischemic or Hemorrhagic Stroke - Assessed for Rehabilitation
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<tr>
<th>CARDIAC CARE (AMI &amp; CP) MEASURES</th>
<th>PAIN MANAGEMENT</th>
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<tr>
<td>• OP-1 Median Time to Fibrinolysis</td>
<td>• OP-21 ED-Median Time to Pain Management for Long Bone Fracture</td>
</tr>
<tr>
<td>• OP-2 Fibrinolytic Therapy Received within 30 Minutes</td>
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<tr>
<td>• OP-3 Median Time to Transfer to Another Facility for Acute Coronary Intervention</td>
<td></td>
</tr>
<tr>
<td>• OP-4 Aspirin at Arrival</td>
<td></td>
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<tr>
<td>• OP-5 Median Time to ECG</td>
<td></td>
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<table>
<thead>
<tr>
<th>STROKE</th>
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</thead>
<tbody>
<tr>
<td>• OP-23 Head CT Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT/MRI Scan Interpretation Within 45 minutes of ED Arrival</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IMAGING EFFICIENCY</th>
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</thead>
<tbody>
<tr>
<td>• OP-8 MRI Lumbar Spine for Low Back Pain</td>
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<td>• OP-9 Mammography Follow-up Rates</td>
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<td>• OP-10 Abdomen CT Use of Contrast Material</td>
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<td>• OP-11 Thorax CT Use of Contrast Material</td>
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<tr>
<td>• OP-13 Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery</td>
</tr>
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<td>• OP-14 Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT</td>
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</tbody>
</table>

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<thead>
<tr>
<th>OUTCOME MEASURE</th>
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<tbody>
<tr>
<td>• OP-32 7-Day Risk Standardized Hospital Visit Rate after Colonoscopy</td>
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</table>

<table>
<thead>
<tr>
<th>WEB-BASED MEASURES</th>
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</thead>
<tbody>
<tr>
<td>• OP-12 The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data</td>
</tr>
<tr>
<td>• OP-17 Tracking Clinical Results between Visits</td>
</tr>
<tr>
<td>• OP-25 Safe Surgery Checklist Use</td>
</tr>
<tr>
<td>• OP-26 Hospital Outpatient Volume Data on Selected Outpatient Surgical Procedures</td>
</tr>
<tr>
<td>• OP-27 Influenza Vaccine for Healthcare Personnel (reported to NHSN)</td>
</tr>
<tr>
<td>• OP-29 Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</td>
</tr>
<tr>
<td>• OP-30 History of Adenomatous Polyps - Avoidance of Inappropriate Use</td>
</tr>
</tbody>
</table>
Universal Protocol
Prior to the start of any surgical or invasive procedure, a final “Time Out” verification is conducted to confirm the correct patient, procedure and site. Additionally, the Time Out provides a final opportunity before any incision is made to ensure the patient has received the recommended prophylactic antibiotics. The Time Out must be an active process that includes all members of the OR/procedural team. All team members must pause and participate.

Post Operative Venous Thromboembolism (VTE) Prevention
Evidence-based best practices are followed for all patients receiving prophylaxis prior to anesthesia start time and after anesthesia end time. Ensure these orders are in place to help reduce the morbidity/mortality resulting from post operative deep vein thrombosis and pulmonary embolisms.

Specimen Management
To ensure all specimens are labelled and managed correctly:
- When the specimen is passed to the scrub or circulating RN the staff member will repeat the specimen to be sure there is clear communication.
- As the procedure is coming to a close, the circulating RN will do an end of procedure time out where all specimens for the case will be restated and verified by the proceduralist.

Prior to leaving the room, the proceduralist will review and sign the requisitions for specimens that were not required to be sent prior to the end of the case.

Medication Management
Anticoagulation therapy is a high risk treatment!
- Heparin Protocol
- A baseline PTT, CBC and platelet count required. Treatment may begin prior to obtaining results.

Medication Reconciliation
Obtain information on the medications the patient is currently taking when he or she is admitted to the hospital or is seen in an outpatient setting.

Provide the patient (or family as needed) with written information on the medications the patient should be taking when he or she is discharged from the hospital or at the end of an outpatient encounter (for example, name, dose, route, frequency, and purpose).

Explain the importance of managing medication information to the patient when he or she is discharged from the hospital or at the end of an outpatient encounter.

Clinical Alarms
Critical alarms must not be deactivated during the duration of their use! Staff members must physically respond to clinical alarms, assess the patient, evaluate the reason for the alarm and take appropriate action. Alarm parameters can only be changed after consulting with the patient’s attending physician and obtaining an order. The changes to the alarm parameters should be specific to the patient’s needs and only done to reduce the number of false alarms. Furthermore, the volume level of the alarms must be sufficiently audible with respect to the distance and competing noise to be heard by responsible clinicians which may require alarm volume be adjusted upward at certain times.

In circumstance where the patient room door must be closed and clinical staff can’t readily hear alarms, care providers will maintain regular assessment of the room to evaluate alarm status. Arrangements can be made with the Clinical Engineering Department for any individuals in need of further training on any devices which have an alarming system (see Administrative Hospital-Wide: Clinical Alarm Policy & Procedure 19.19).
**Communication**

Accuracy of Patient Identification

Hospital-wide Patient Identifiers:
- Name
- Date of Birth

Color-Coded Arm Bands:

- **Red** = Allergy
- **Purple** = DNR
- **Pink** = Do not use limb
- **Yellow** = Fall Risk
- **Orange** = Precautions

A verbal order (via telephone or in person) for a medication, biological, or other treatment will only be accepted under circumstances when it is impractical for such an order to be entered by the ordering practitioner or if a delay in accepting the order could adversely affect patient care.

**SBAR**

SBAR is the recommended standard method of hand-off communication at Gottlieb Hospital.

- **S** = Situation
- **B** = Background
- **A** = Assessment
- **R** = Recommendation

**Suspected Abuse and Neglect**

Abuse and neglect exist in all societies, races, educational backgrounds, and economic levels. Abuse and neglect represent symptoms or expressions of family dysfunction. Abuse may happen not only in the home, but in healthcare settings as well.

Abuse includes:
- Child abuse
- Elder abuse
- Sexual abuse
- Verbal abuse
- Emotional abuse
- Domestic violence
- Financial abuse
- Neglect

- Changes in behavior of patient with caregiver/family
- Family answers questions for patient (older child or adult)

**When Abuse and/or Neglect is Suspected**

The physician and Social Worker will be notified immediately when there is abuse and/or neglect suspected. They will assess the interaction between the patient, family and/or caregivers (including the healthcare staff). This will include the review of medical and social history including history and explanation of injury. The patient should be questioned in a safe environment alone and privately by appropriate designated professional.

If sexual abuse of a child is suspected:
- Interview parents/caregiver outside the presence of the victim by appropriate designated professional
- Interview with the victim should be limited to brief questions related to medical issues only by one designated professional
- A Victim Sensitive Interview (VSI) is to be completed by a designated legal interviewer arranged by DCFS.

**Key Elements Which May Indicate Abuse/Neglect Situations**

- History of abuse or untreated injuries
- Injuries inconsistent with developmental, physical or cognitive abilities
- Injuries inconsistent with the explanation
- Observation of bruises, bites, burns, fractures, lacerations, pressure sores, poor hygiene
- Shy or withdrawn behavior of patient
- Behavior extremes in caregiver or family members

---

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- Observation of bruises, bites, burns, fractures, lacerations, pressure sores, poor hygiene
- Shy or withdrawn behavior of patient
- Behavior extremes in caregiver or family members
Rapid Response Team (RRT)
The team is composed of a Hospitalist, critical care nurse and respiratory therapist who provide clinical support to nursing staff.

Reasons to Call a Rapid Response:
• An acute change in
  • A heart rate <40 or >130
  • Systolic blood pressure <90
  • Respiratory rate <8 or >30 breaths per minute
• Non-specific subtle changes identified by family
  • Pulse oximetry saturation <90% despite oxygen administration
  • Change in consciousness
  • Urine output < 50 ml in 4 hours
# 2017 National Patient Safety Goals for the Hospital

Patient safety is Gottlieb Memorial Hospital’s top priority. Gottlieb’s caring health professionals adhere to these National Patient Safety Goals as a part of our ongoing commitment to providing safe, quality care.

## Goal 1: Improve accuracy of patient identification.
- Always use patient name and date of birth when administering medications or blood products, collecting blood samples and other specimens for clinical testing, or providing any other treatments or procedures. Label containers used for blood and other specimens in the presence of the patient.
- Eliminate transfusion errors related to patient identification using a two-person verification process.

## Goal 2: Improve the effectiveness of communication among caregivers.
- Report critical results of tests and diagnostic procedures on a timely basis (e.g., within 30 minutes of result verification).

## Goal 3: Improve the safety of using medications.
- Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings that are not immediately administered.
- Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
- Maintain and communicate accurate patient medication information.

## Goal 6: Reduce the harm associated with clinical alarm systems.
- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

## Goal 7: Reduce the risk of health-care-associated infections.
- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines (handwashing and use of artificial nails).
- Implement evidence-based practices to prevent healthcare-associated infections due to multidrug-resistant organisms.
- Implement evidence-based practices to prevent central line-associated blood-stream infections.
- Implement evidence-based practices for preventing surgical site infections.
- Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections.

## Goal 15: Identify safety risks inherent in the patient population.
- Identify patients at risk for suicide (applicable to psychiatric hospitals and patients being treated for emotional or behavioral disorders in general hospitals).

### Use universal protocol for preventing wrong site, wrong procedure and wrong person surgery
- Conduct a preprocedure verification process.
- Mark the procedure site.
- Perform a time-out before the procedure takes place.
Guiding Behaviors

Guiding Behaviors are how we work together. They are aspirational statements that describe the Trinity Health culture and help set expectations in the day-to-day workplace.

We support each other in serving our patients and communities.
- Convey compassion and care to serving external and internal customers/constituents
- Build collaborative relationships throughout the organization in order to share knowledge, skills, and resources
- Focus on finding solutions rather than blaming and complaining
- Make decisions in the interest of the UEM
- Support decisions, once they are made, both publicly and privately

We communicate openly, honestly, respectfully, and directly.
- Listen to and communicate respectfully with others
- Articulate ideas and solutions, clearly and succinctly
- Talk promptly and directly to an individual when there is a concern or problem
- Build trust through open, two-way communication

We are fully present.
- Set aside distractions to center self and assure full attention to each person, family and team member
- Listen in people to understand the words and their meaning
- Openly appreciate the gifts and contributions of others

We are all accountable.
- Align personal actions, measurable performance, and responsibilities to UEM Mission and Goals
- Accept responsibility for actions, decisions, and results
- Be accountable for the success of the larger organization
- Accept measures and limitations while demonstrating a "can-do" spirit to achieve results
- Contribute at a high-performance level in a positive, motivating environment

We trust and assume goodness in intentions.
- Encourage openness and sharing
- Seek first to understand, then to be understood
- Ask others with different experiences for their point of view
- Demonstrate genuine curiosity without judging
- Be inclusive - reach out and embrace people while being our Mission

We are continuous learners.
- Embrace change and positive risk to find new ways to support the Mission
- Encourage new ideas to serve our patients and communities
- Provide and solicit coaching and feedback
- Forgive past problems and use conflict as an opportunity for growth
- Develop oneself through a personal learning and development plan

TRINITY HEALTH
Novi, Michigan
Resource List for Employees and Physicians
Reporting Suspected Violations or Patient Safety/Quality of Care Concerns

If you know of or suspect a violation in our hospital's standards of conduct or have concerns with patient safety or quality of care, please contact the appropriate resource from the table listed below. If your concerns are not met, you also are encouraged to contact the hospital's President, Vice President, CMO, Medical Staff department chair or the Integrity Line at (866) 477-4661 without fear of retribution.

<table>
<thead>
<tr>
<th>Topic/Area of Concern</th>
<th>Contact/Phone Number</th>
</tr>
</thead>
</table>
| **Organizational Integrity**  
Examples include billing and coding concerns, conflict of interest, Standards of Conduct concerns, etc. | Chief Integrity Officer  
John Hart  
Ext. 68351  
Integrity Hotline  
(866) 477-4661 |
| **HIPAA**  
Release of confidential information, concerns about patient privacy, access to computerized records, etc. | Privacy Contact  
John Hart  
Ext. 68351  
Dan Smith  
Security Analyst  
Ext. 68207 |
| **Infection Prevention**  
Ideas to improve infection control processes in your work area or concerns about practice patterns that are inconsistent with current infection control policies | Robin Larson  
Infection Control Preventionist  
Ext. 85121 |
| **Environment of Care**  
Ideas to improve work safety in your area or equipment concerns, hazardous materials, and/or staff safety concerns | Brad Popovich  
Safety Officer/Director, Plant Operations  
Ext. 85355 |
| **Customer Service**  
Physician/hospital staff quality of practice concerns, patient and family complaints, ideas to improve patient care | Ruby Zaragoza  
Patient Relations/Patient Experience Leader  
Ext. 84103 |
| **Patient Safety/Risk Management**  
Reporting of adverse events and near misses, patient safety concerns, ideas to improve patient safety | Jodi Palmer  
Patient Safety/Risk Manager  
Ext. 84532 |
| **Human Resources**  
Discrimination; sexual harassment; labor law violations | Noel Kirk  
Director, Human Resources  
Ext. 84329 |

If your concerns cannot be resolved through the hospital, you may contact The Joint Commission's Office of Quality Monitoring at (800) 994-6610 or complaint@jointcommission.org

Updated December 2016 - Edited


**Mission**

*"We Treat the Human Spirit"*

The Mission of Loyola Medicine at Gottlieb Memorial Hospital and its affiliated programs is to provide interrelated health programs that will meet the health-care needs of the community to enable people to function at their optimal level. The goal of Gottlieb is to provide coordinated services humanely, effectively, efficiently, and with recognized excellence through collaborative action and the interdependent efforts of our professional and volunteer staff.

Gottlieb is proud of its not-for-profit mission to provide quality health care to all people who need it regardless of ability to pay. Gottlieb will treat all people equitably and with dignity and compassion.

**Our Magis Values**

**Care**
Cultivate kindness, give generously and embrace the Golden Rule. Make safe, clean and quiet our quality standard. Communicate clearly.

**Concern**
Be an advocate. Make time meaningful. See things differently.

**Cooperation**
Focus on the solution. Act with an owner’s mind – and a servant's heart. Be adaptable and think “team”.

**Respect**
See the dignity in others. Take pride in who you are.

**Just Culture**

“A Fair and Just Culture is one that learns and improves by openly identifying and examining its own weaknesses. Organizations with a Just Culture are as willing to expose areas of weakness as they are to display areas of excellence. Of critical importance is that caregivers feel that they are supported and safe when voicing concerns individuals know, and are able to articulate, that they may speak safely on issues regarding their own actions or those in the environment around them. They feel safe and emotionally comfortable while busily occupied in a work environment, able and expected to perform at peak capacity, but able at any moment to admit weakness, concern, or inability, and able to seek assistance when concerned that the quality and safety of the care being delivered is threatened.”

**Culture of Safety**

"The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization’s health and safety management. Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.”

**Provider Impact on High Patient Satisfaction Scores**

Press Ganey (a national recognized expert on patient experience and satisfaction) conducted research on attributes of physicians with very high patient satisfaction scores. The following attributes were identified as having significant impact on patient satisfaction:

- Focused on teaching and explanations
- Conveys warmth from the start
- Well planned flow of visit(s) with focus on patient’s agenda
- Controlled script with clear part
- Extremely personable-connects with every patient
- Always looking for buy-in from the patient that they fully understand
- Recap the history: “I read your chart…”
- Confident but not arrogant
- Finished dictation and coding each day
- Has clinic staff enter orders and prepare after visit summary
QUALITY AND PATIENT SAFETY IMPROVEMENT STRUCTURE
1SHEA, IDSA, PIDS. “Policy Statement on Antimicrobial Stewardship by the Society for Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America (IDSA), and the Pediatric Infectious Diseases Society (PIDS)” Infect Control Hosp Epidemiol 2012;33(4):322-327.


