

2015
Safety Handbook

PHYSICIAN AND ALLIED HEALTH PROFESSIONALS



This 2014-2015 Physician and Allied Health Professional Safety Handbook replaces the 2014 version and should be discarded.



How to receive CME credit for this handbook:

1. Go to www.fhcme.com
2. Click "Online CME Activities"
3. Locate "2014-2015 Physician and Allied Health Professional Patient Safety Handbook"
4. Click register and follow instructions



FORMS

- Guide to Religion & Culture
- Patient Bed Request Form
- Patient Clinical Forms
- Physician Order Forms

MULTIDISCIPLINARY RESOURCES

- Code Blue
- Code Cool
- Code Gray
- Core Measures
- Medication Safety
- Patient Education
- Pulmonary Hypertension

OTHER REFERENCES

- ADU Library
- AHS Intranet (Arc)
- Antimicrobial Stewardship
- DNV
- eGuide (New)
- EOS Client Training Tutorial
- EOS Client User Manual
- IIT Book Manager
- Reference Manual
- Johns Hopkins Antibiotic Guide

OTHER REFERENCES CONT.

- Medication Use References
- Medical Library
- MIS Major Issues
- MSDS Online
- Mosby Nursing Skill Assessment
- Nursing Continuing Education
- Nutrition Care Manual Links
- Pharmacy Formulary Database
- FH Policy & Procedures
- AHS Policy & Procedures

How To Use This Handbook

This handbook is available electronically on www.fhcm.com. The electronic version of the handbook is the primary source for information, as it will be updated as policy changes. The printed version of this handbook should only be used as reference.

Policies are distributed through the FH Intranet.

- In the computer under Intranet (BIG E - Internet explorer) ☞ Click on “References” ☞ Click on “FH Policy & Procedures” or “AHS Policy & Procedures” or click on ☞ “Department and Campuses” click ☞ “Med Staff” and click ☞ “Bylaws/Policies/Protocols/Forms.
- Printed copies of policies are for temporary use only. Always refer to the FH intranet for the current official document.

Table of Contents

MISSION, VISSION VALUES.	4
REGULATORY AGENCIES	7
MEDICAL STAFF	15
HIM/DICTATION	23
PATIENT RIGHTS	33
MANAGING RISK FOR PATIENT SAFETY	49
EMERGENCY CODES	59
INFECTION PREVENTION.	65
PATIENT SAFETY	85
IMPORTANT PHONE NUMBERS.	112

OUR MISSION:

To extend the healing ministry of Christ

Our Values:

“I-C BEST”

Integrity

Compassion

Balance

Excellence

Stewardship

Teamwork



CREATION Health takes a life-transforming approach to total person wellness -- mentally, physically and spiritually -- with the eight universal principles of health. Our CREATION Health Lifestyle has a long, proven history of wellness and longevity, worldwide.

- C** Choice is the first step toward improved health. Making healthy choices is the key to lifestyle improvement.
- R** Rest is both a good night's sleep and taking the time to relax during the day.
- E** Environment is everything around us, yet affects what takes place inside us.
- A** Activity improves the health of the mind, body and spirit.
- T** Trust in God speaks to the relationship between spirituality and healing. Our faith, beliefs and hopes all affect our health.
- I** Interpersonal relationships with family, friends and others are important to our well being.
- O** Outlook is our view of life and affects our body and our health.
- N** Nutrition is the fuel for our body and mind. Small diet changes can improve our health.

Contact us at Wellness@CREATIONHealth.com and (407) 303-7711.



PATIENT SAFETY

Their Right ✓ My Responsibility

Regulatory Agencies

Regulatory Agencies



CMS: Centers for **Medicare** and Medicaid Services.

- CMS Conditions of Participation (CoPs) are federal law for hospitals



AHCA: The Agency for Health Care Administration.

- Enforces Florida law for hospitals
- Works on behalf of CMS



Det Norske Veritas (DNV)

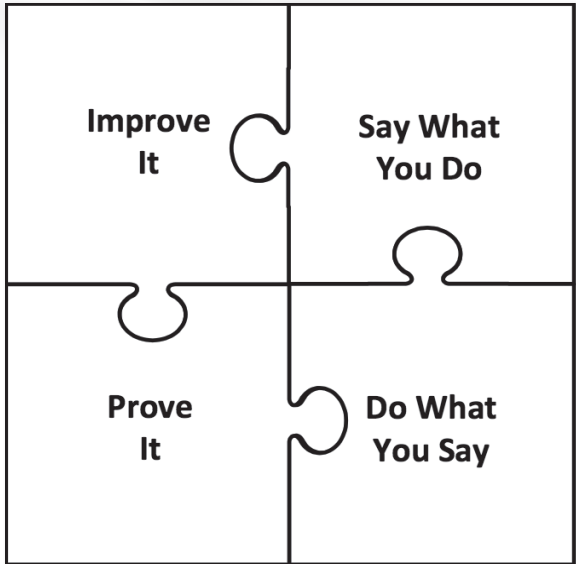
- DNV's NIAHO standards are the requirements based on the CMS CoPs.
- DNV integrates the CMS CoPs with the internationally recognized ISO 9001 quality management framework.
- DNV is an accrediting body, similar to the Joint Commission and the American Osteopathic Association.

Florida Hospital uses CMS, AHCA, DNV and ISO 9001 as a foundation for its policies, procedures and processes.

ISO 9001

What is ISO 9001?

ISO 9001 is an international standard by which organizations manage the quality, business and compliance of the organization. ISO 9001 was developed through the International Organization for Standardization.



Simple explanation of ISO 9001

Say What You Do:

Design processes that deliver results and communicate them clearly in policy, procedure and work instructions.

Do What You Say:

Reliably performed processes are the most certain way to deliver positive clinical outcomes and patient experience.

ISO 9001

Prove It:

Measuring and auditing our processes is the best way to demonstrate the value we deliver to patients over time.

Internal Audit/Tracer Methodology:

- Industry standard for assessing consistency of our processes, policies and procedures.
- Completed through staff interviews, inspecting buildings, reviewing records and observing processes in action.
- Florida Hospital's Internal Audit/Tracer Team conducts audits across all departments, clinical and non-clinical, at every campus, including off site campuses.

Your Involvement in the Internal Audit Process:

- You will be asked to describe the work you do every day.
- You may also be asked to guide the Auditor through records, such as logs or the medical record.

Improve It:

Continuous improvement at Florida Hospital can be anything from streamlining your daily work to reducing falls on your unit.

Corrective Action: Improvement that addresses a trend on a scorecard, patient complaint, audit findings or a serious event after it has occurred.

Preventive Action: Improvement that addresses potential problems before they occur.





PATIENT SAFETY

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Medical Staff

Medical Staff General Rules and Regulations

The Medical Staff General Rules and Regulations are deemed necessary to implement more specifically the general principles found within the Bylaws. They define the proper conduct of medical staff organizational activities, as well as the level of practice that shall be required of each practitioner in the hospital.

The medical staff assists Florida Hospital in developing, reviewing, and amending Florida Hospital's Policies and Procedures (and are bound to comply with such policies). These policies are available for review in the Medical Staff Services Office and by accessing Florida Hospital Intranet Site under Departments and Campuses (Medical Staff) page.

Physician Privileges

To view the Florida Hospital privileges for Physicians and Allied Health Professionals, go to the FH Intranet [Applications](#), [Physician/AHP Privilege Lookup](#).

FLORIDA HOSPITAL
The skill to heal. The spirit to care.

Medical Staff Services

Welcome | Medical Staff Office | Calendar | Committee/Meetings | **Physicians** | Allied Health | Clinical Departments | ER Call | Bylaws/Policies/Protocols/Forms

Medical Staff Organizational Structure

PHYSICIAN ROSTERS
PHYSICIAN PRIVILEGES
MEDICAL STAFF LEADERS
APPLY FOR FLORIDA HOSPITAL PRIVILEGES

Login

Physicians

Welcome to Medical Staff Services

In order to better assist you, we have updated our department website.

Please Contact Us with any comments or suggestions that you may have.

Consultation Categories of the Medical Staff

General Rules and Regulations Article 4 Section 4.3

The Medical Staff recognizes the following four categories of consultations. Although the requesting physician is encouraged to personally discuss the request and the condition of the patient with the consultant, each category has a defined requirement for communication and response time.

Stat Consult

- Requesting physician or AHP must personally discuss with the consultant
- Must respond by telephone within 15 minutes

Routine Consult

- Requesting physician or AHP may either personally discuss with the consultant OR provide sufficient information in the order to allow consultant to understand nature of consult.
- Must provide the consultation within 24 hours

Physician to Physician Consult

- Requesting physician or AHP will personally discuss case with the consultant
- Must respond within 2 hours

Courtesy Consult

- The physician receiving the courtesy consult is not obligated to see the patient or contact the requesting physician.

Medical Staff Peer Review

The Peer Review Department facilitates ongoing evaluation of physician performance data, consistent with the Medical Staff Bylaws. The organized medical staff's commitment to a culture of safety is facilitated by defining circumstances requiring monitoring and evaluation of a practitioner's performance. Monitoring and evaluation is accomplished through:

- Formal Peer Review
- Focused Reviews
- Extending Excellence Performance Data
- Department Specific Quality Monitors
- External Review

These activities are part of Florida Hospital's Patient Safety Evaluation System. Under the direction of your medical staff leaders, peer review has been designed to enhance physician satisfaction, patient safety and quality. The primary focus is reducing risk from harm or injury (safety), and striving for excellence and value (quality), in a non punitive environment for sharing and learning. No cases reviewed through the peer review process will have a "standard of care" assigned. Instead, there are "action" items intended to encourage and foster a collegial and educational approach. Informational tools are also utilized to assist in identification of system issues that may be a contributing cause for cases requiring peer review.

Peer Review Contact

Mailing address: 601 E. Rollins Street, Box 91, Orlando, FL 32803

Office address: 602 Courtland Street, Suite 400, Orlando, FL 32804

Main Office Number: 407-200-1330



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HIM/Dictation

Health Information Management

Policy 715.004 and Policy 700.719

The Medical Record

Medical information is maintained on all patients in all care settings at Florida Hospital. Medical records can be accessed electronically in the Cerner Powerchart application, with portions of the medical record on paper. Policy 715.004

Documentation Requirements

ALL entries in the medical record must be legible and properly authenticated (name, FH ID #, date and time). Policy 700.719

Patient Document Review Committee

- ALL paper forms in the medical record must be approved by the Patient Document Review Committee (PDRC)
- Patient Document Review Committee Contact number: 407-303-9279
- See Patient Clinical Forms web site for more information:
<https://clinforms.floridahospital.org>



Release of Information

Medical records can be released to patients, caregivers, physicians, insurance companies and legal representatives. To release medical records, except for in the case of treatment, payment and operations, the patient or legal representative must sign a valid “Authorization for Release of Information” form. The form must be dated on the day of discharge or after. Patients may be required to pay a fee for obtaining copies of medical records. For questions, contact the Health Information Management Release of Information Department at 407-303-9175.

History and Physical Required Components

General Rules and Regs - Article 7 Section 7.4.2

- Chief complaint
- Details of present illness
- Medical and surgical history
- Relevant social and family history
- Pre-admission medication list
- Review of systems
- Physical examination
- Assessment
- Plan

Update (for H&P's completed within 30 days prior to admission)

- Document "H & P was reviewed, patient was examined, no changes were found to patient's condition since H & P was completed"" or document changes if any.
- The H&P update must be completed within 24 hrs after admission but prior to surgery or procedure.

Discharge Summary Requirements

General Rules and Regs - Article 7 Section 7.4.8

Health Information Management

A discharge summary must be documented for any patient hospitalized more than two days, and must be completed within five Business Days after the discharge or disposition of the patient.

- Reason for Hospitalization
- Procedures Performed
- Summary of care, treatment, and service provided
- Outcome of hospitalization
- Prognosis/disposition of care
- Final diagnosis
- The name of the individual or facility assuming responsibility for the patient after discharge and any provisions for follow up care
- Medications the the patient should take post discharge
- Comparison of condition and disposition

Complete Orders Requirements

General Rules and Regs - Article 7 Section 7.5

Health Information Management

- Date and Time
- If a medication:
 - Name
 - Dosage or strength
 - Route of administration
 - Frequency of administration
 - Scheduled start time
 - If the initiation is conditional (e.g., prn, on call) the condition required to trigger the initiation (e.g., prn pain, on call to operating room) must be specified
- Approved abbreviations per policy 700.703
- Physician/Allied Health Professional's
- Orders must be legible and properly authenticated (name, FH ID #, date and time)

Dictation Instructions

Florida Hospital Physician

- Step 1** Lift receiver and dial 407-303-5590 or tie line 831-303-5590.
- Step 2** Enter 4-digit dictate code followed by the # sign.
- Step 3** Select patient's location code by entering the corresponding 2 digit number from the list below:
- | | | | | | |
|--------------|----|-------------|----|-------------|----|
| Orlando | 01 | Winter park | 07 | Altamonte | 02 |
| Kissimmee | 08 | Apopka | 03 | Celebration | 09 |
| East orlando | 06 | | | | |
- Step 4** Enter 2 digit work type.
- | | | |
|----------------------------|------------------------------|----------------------------|
| 55 Pre-Surgical H&/Consult | 11 History and Physical | 12 Operative Report |
| 13 Consultation | 14 Clinical Resume | 15 Cardiac Rehab & Holters |
| 16 Catheterization | 17 Neurology/Sleep Study | 19 Procedures |
| 20 Radiation Oncology | 23 Echos, Dopplers, Carotids | 25 Inpatient Cardiology |
| 28 Pain Center | 38 Clinical Resume/Addendum | 97 Correction to Report |
| 98 Letter | | |
- Step 5** Enter patient's 8 digit account #
- Step 6** Begin dictation

Controls

- Press * to go to beginning of report
- Press # to go to end of report
- Press 9 to disconnect or 5 to end report and
Begin new report

Florida Hospital Allied Health Practitioners

- Step 1** Lift receiver and dial 407-303-5590 or tie line 831-303-5590.
- Step 2** Enter 4-digit dictate code followed by the # sign.
- Step 3** Enter Authenticating Physician's Dictate Code (The Authenticating Physician Is The Physician For Whom You Are Dictating.)
- Step 4** Select patient's location code by entering the corresponding 2 digit number from the list below:

Orlando	01	Winter park	07	Altamonte	02
Kissimmee	08	Apopka	03	Celebration	09
East orlando	06				

- Step 5** Enter 2 digit work type.
- | | | |
|----------------------------|------------------------------|----------------------------|
| 55 Pre-Surgical H&/Consult | 11 History and Physical | 12 Operative Report |
| 13 Consultation | 14 Clinical Resume | 15 Cardiac Rehab & Holters |
| 16 Catheterization | 17 Neurology/Sleep Study | 19 Procedures |
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Step 6 Enter patient's 8 digit account #

Step 7 Begin dictation

Controls

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PATIENT SAFETY

Their Right ✓ My Responsibility

Patient Rights

Patient Rights

Policy 010.010

- **Patients receive a written statement of his/her rights during the admission process.**

These include the right to:

- **Effective communication**
- **Involvement in the plan of care**
- **Considerate, safe and responsible care**
- **Privacy and confidentiality**

Patient Rights: Effective Communication

The information provided to the patient and his/her family may be written or verbal, but should be appropriate to each of the following:

- Age
- Level of understanding
- Language of the patient
- Barriers to understanding addressed (vision, hearing, cognitive)

Patient Rights: Plan of Care

Each patient has the right to:

- Expect considerate, safe and respectful care that is free from abuse, neglect and exploitation.
- Have his/her condition assessed and a plan of care developed and implemented.
- Make informed care decisions regarding the plan of care, including discharge planning.
- Have an advance directive concerning treatment and the knowledge that this directive will be honored.
- Expect that the health care facility, within its capacity, will make reasonable responses to requests for care.
- Determine who can visit them and who is viewed as “family” present who offer emotional support and contribute to the plan of care. Refer to policy 010.018.
- Have grievances, disputes, conflicts and complaints heard, reviewed and when possible resolved. Refer to policy 010.030.

Patient Rights: Considerate, Safe and Respectful Care

Patients have the right to considerate, safe and respectful care that is free of mental, physical, sexual and verbal abuse, neglect and exploitation. Refer to policy 010.050 and 010.051.

The patient also has the right to be free from seclusion and restraints unless they are medically necessary. Refer to policy 010.047.

The right to considerate, safe, respectful care also dictates that health care providers:

- Are trained and competent.
- Identify themselves to the patient, indicating if they are students or in training. Refer to badge policy 800.212.
- Listen to patient concerns and help the patient manage his or her pain.

Patient Rights: Privacy and Confidentiality

Each patient has the right to:

- Expect privacy and freedom from intrusions or disturbances regarding his or her personal affairs.
- Expect that all communications and records concerning his/her care will be treated as confidential.
- Information will be shared only with those who need to know the information to perform their duties on behalf of the patient.



Patient Privacy

Policy 010.128

When patients come to Florida Hospital, they expect and trust that their privacy and confidentiality will be protected.

Rules that govern patient privacy and confidentiality are part of a federal law called the Health Insurance Portability and Accountability Act (HIPAA). HIPAA uses the phrase Protected Health Information (PHI), which includes all medical and demographic information such as:

- Patient name
- Address
- Phone Number
- Social Security Number
- Birth Date
- Any information which could individually identify the patient

HIPAA requires compliance by every employee with strict regulations regarding the management of medical information in the following areas:

- ALL medical records, including inpatient and outpatient records, as well as, electronic records
- ALL forms of communication regarding a patient, including oral, written and electronic communications
- ALL financial records

HIPAA's Minimum Necessary Rule

Outside of treatment purposes, employees may only use or disclose information that is necessary for the purpose. In terms of access to information, this means EMPLOYEES MUST NOT ACCESS:

- The employee's own medical records
- Information on a friend, family member or co-worker
- Information out of curiosity

It is a violation of HIPAA if you access information outside of your job duties.

If you are found in violation of HIPAA laws, disciplinary action will occur at Florida Hospital up to and including termination. Further consequences can occur including penalties from the federal government such as heavy fines and time in prison.

Discussions regarding patient information

While working with patients, more than likely there will be many conversations with the patient, their family members and other clinicians. If a visitor or family member is in the room, you must obtain permission from the patient before sharing information with them. If a person is calling to check on the status of a friend or relative, steps should be taken to validate the identity of the person calling and to ensure that the patient has provided consent to discuss his/her care with this individual.

Data Security

- Do not share your password
- Log off electronic devices such as computer, laptop, toughbook, tablet or phone when done using it or if you have to leave the area.
- Do not send patient information via unsecured email
- Do not forward patient information to your personal email accounts
- Do not post patient information on social media sites
- Report lost or stolen electronic devices to the FH MIS Help Desk

Enforcement of HIPAA

- The law provides for civil and criminal penalties with fines and jail time for violations of HIPAA
- Florida Hospital takes HIPAA violations seriously. If you are found in violation of HIPAA laws, disciplinary action will occur at Florida Hospital up to and including termination.

Reporting HIPAA Issues

Privacy Officer must be immediately notified of any complaints or inappropriate disclosures of patient information at 407-303-9659.

Social Media

Policy 800.275

Our organization is committed to providing a secure environment for general and confidential information, including Protected Healthcare Information (PHI).

All Florida Hospital staff members using electronic communication to share information and knowledge regarding Florida Hospital's mission, business or clinical activities are required to do so in a manner that protects the confidentiality, integrity and availability of all FH information and knowledge. Additionally, use may not disrupt business operations within FH or any other organization, nor violate local, state or federal regulations.

In general, use of electronic communications:

- Must support the needs of the business.
- May not be used for solicitations of any kind that are unrelated to FH business.
- Must not interfere with work performance or business needs if used incidentally for personal reasons.
- Must be protected using an FH-approved method of encryption when sharing confidential information including, but not limited to, PHI.

Questions regarding appropriate use of electronic communications should be directed to a Manager, HR, Facility Compliance and Privacy Officer and/or the Corporate Data Security Office.

Interpreter Services

Policy 010.024

Patients have a right to receive information in a manner they understand.

A full time staff of qualified medical interpreters, supplemented by contracted vendor interpreters, is available to assist any FH employee or physician 24 hours a day, seven days a week, 365 days a year, when there is a spoken language or sign language communication barrier while providing patient care.

To ensure accurate interpretation/understanding of healthcare terminology, only qualified medical interpreters or qualified bilingual staff (verified through a testing process to determine qualification) must be used when engaging in medically relevant communication with an LEP/NES or deaf patient or their family member/s or their authorized person/s.

LEP (Limited English Proficient): A limited ability or inability to speak, read, write, or understand the English language at a level that permits the person to interact effectively with healthcare providers.

NES (Non-English Speaking): An inability to speak, read, write or understand the English language.

Language Assistance Toolkit

In-person Interpreters

- American Sign Language (ASL)
- Spanish Sign Language
- Tactile interpreters (for patients who are both blind and deaf)
- Non-English spoken language interpreters
- To schedule an in-person Interpreter:
 - ◊ Same-day requests for Interpreters - call ext. 831-1103025
 - ◊ Next-day or future appointments - e-mail in FH Outlook: FH Interpreter Services Dept

Video Remote Interpreting (VRI)

This tool provides immediate access to live, qualified American Sign Language interpreters, as well, as the most frequently encountered non-English spoken languages using our existing laptop computers with the addition of a small webcam and speaker phone. Patient care areas not equipped with VRI, may request VRI set up through FH MIS and FH Interpreter Services.

Over-the-phone Interpreters

This tool provides immediate access to live qualified medical interpreters and language identification assistance using over the phone interpreters.

- Use any Florida Hospital phone or Spectra link:
 - ◊ Dial ext. 1108510 at FH Orlando campus and Medical Plaza
 - ◊ Dial ext. 8510 at all other FH campuses
- Pre-programmed dual handset phones – corded or cordless telephone equipment available through FH Telecom.

Advance Directives

Policy 010.070

Patients have a right to make decisions about care, treatment and services received at the end of life.

An Advance Directive is a legal document that:

- Clarifies a person's wishes related to his/her health care and medical treatment.
- By law, each patient is to be asked about Advance Directives. At FH, the patients are asked about Advance Directives during registration and given a copy of the Advance Directive Summary Statement. During the admission process, the nurse will obtain information regarding the existence of Advance Directives and offer assistance as needed.
- If the patient requests to complete an Advance Directive later, then Nursing, Case Management and Pastoral Care receives a task in i-Extend to follow-up within 24 hours and then at 48 hours.

Any adult employee CAN witness an adult patient signing an Advance Directive. Two witnesses are required for the Advance Directive to be valid. A notary is NOT required.

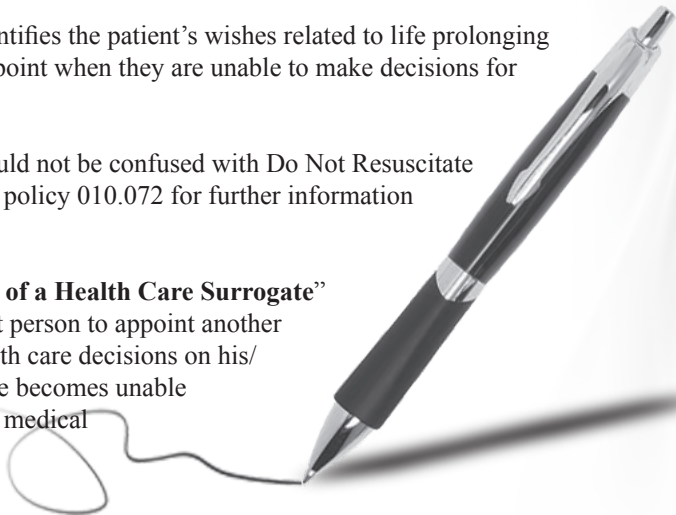
Two types of Advanced Directives are:

1. Living Will
2. Designation of a Health Care Surrogate

A **Living Will** identifies the patient's wishes related to life prolonging procedures at the point when they are unable to make decisions for themselves.

A Living Will should not be confused with Do Not Resuscitate (DNR) status. See policy 010.072 for further information on DNR.

The “**Designation of a Health Care Surrogate**” allows for an adult person to appoint another adult to make health care decisions on his/her behalf if he/she becomes unable to make their own medical decisions.



Legally Authorized Person

Policy 010.040

If a patient is unable to make a health care decision, the patient's Legally Authorized Person (LAP) would be empowered to do so according to the following order of priority:

Prioritization of LAP

1. Court appointed guardian, if authorized to consent to medical treatment
 - Guardianship paperwork required
2. Health Care Surrogate
 - Properly completed Advance Directive naming individual as Health Care Surrogate is required
3. Patient's spouse
 - Has to be legally married
4. Adult child(ren)
5. Parent(s)
6. Adult sibling(s)
7. Adult relative
 - Maintained regular contact with patient and is familiar with patient's beliefs
8. Close personal friend
 - Has to have notarized Close Person Friend Affidavit
9. Social Worker Proxy **Note:** Refer to Social Worker Proxy Policy # 010.146
 - Not an employee of Florida Hospital
 - Licensed Clinical Social Worker approved by the Ethics Committee for this purpose

Informed Consent

Policy 010.040

Patients have the right to give or withhold Informed Consent.

A consent form documents the discussion that has occurred between the physician and the patient. It is the responsibility of the physician to provide the patient with sufficient information to give informed consent.

The physician informs the patient concerning the invasive medical procedure and the benefits, alternatives and risk associated with it.

If the patient or LAP has questions or concerns, the physician is to be notified.

When the patient is incompetent, incapacitated or a minor, the right to participate in health care decisions is exercised by the patient's legally authorized person.

When, in the opinion of the physician/credentialed practitioner, an emergency and/or life threatening condition arises and the patient is either unable to give informed consent, or there is insufficient time to obtain informed consent from the patient or LAP, the physician/credentialed practitioner may proceed with the invasive medical procedure, and/or anesthetics or therapy.

The physician/credentialed practitioner shall document in the medical record as follows:

- a. Why the emergency surgery, procedure, and/or anesthetics, or therapy has to be performed; **and**
- b. That the patient is unable and the LAP is unavailable to provide informed consent; **or**
- c. That there is insufficient time to obtain the consent of the patient or LAP.

The physician who provided informed consent is to sign the Florida Hospital Consent Form. The nurse or another department authorized health care employee is responsible to ensure that the consent form has been completed prior to the surgery or procedure.

Some tests and procedures, such as blood transfusions and HIV testing, have specific policies and consent forms.



PATIENT SAFETY

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Managing Risk for Patient Safety

Risk Management

The overall goal of the Risk Management Department is to ensure a safe environment for patients, visitors, employees, and physicians. Each campus has a dedicated Risk Management Coordinator(s) assigned. The Risk Managers responsibilities cover a wide range of activity, which includes both preventative activities and management of serious events that may have occurred.

A Physician Generated Event Report (PGER) is a Clinical Event that has occurred outside of the normal routine activity of the hospital that may or may not have cause injury. The PGER is an effective method of communication for the physician to address concerns related to patient care. The unit manager or director can assist you with this reporting process and follow up.

The reports are tracked and trended on a quarterly basis and noted trends may trigger a hospital plan of correction to prevent reoccurrence.

We encourage physician participation in the Clinical Event report process.

Sentinel Event

Policy 305.751

A Sentinel Event (SE) is an unexpected occurrence involving death or serious physical or psychological injury to a patient, or the serious risk thereof. Serious injury specifically includes loss of limb or function.

When a potential sentinel event is reported, the Risk Management Coordinator will conduct an investigation of the Clinical Event, and review for SE criteria with the interdisciplinary Serious Event Analysis Team (S.E.A.T.) Committee.

When a Clinical Event is identified as a SE, a Root Cause Analysis (RCA) will be initiated to identify the factors that underlie variation in performance. The focus is primarily on systems and processes, not on individual performance.

What is Sexual Misconduct?

Policy 010.051

Sexual Misconduct is inappropriate behavior of a sexual nature by an employee to a patient. Sexually demeaning or seductive behaviors, both physical and verbal, between an employee and a patient are not permitted. Any allegation of sexual misconduct regarding a patient is to be reported to Risk Management immediately.

Disclosure of Unanticipated Outcomes

Policy 010.130

Disclosure is a process Florida Hospital has put into place to provide information to a patient and or family when an unanticipated outcome occurs. An unanticipated outcome is a result that differs significantly from what was anticipated to be the result of a treatment or procedure. The purpose of disclosure is to support the patient's right to information about the outcomes of diagnostic tests, medical treatment and surgical/procedural intervention.

The attending physician, or another physician involved in the treatment, surgery or procedure, is responsible for ensuring disclosure takes place when indicated. Risk Management should be contacted immediately when you become aware of a Clinical Event that may require disclosure to the patient and/or family.

Patients Complaints & Grievances

Policy 010.030

What is a Complaint?

Center for Medicare and Medicaid Services (CMS) defines a complaint as: A patient issue that can be resolved at the time of the complaint by the staff present or responsible for patient's care. "Staff present" means any hospital staff present at the time of the complaint or who can quickly be at the patient's location. Service related issues are considered complaints (wait time, rudeness, cleanliness, etc.). The manager of the involved unit/department would address and respond to these issues.

What is a Grievance?

A patient grievance is a formal or informal written or verbal complaint that is made to a hospital by a patient or the patient's representative when a patient issue cannot be resolved promptly by staff present. If a complaint cannot be resolved promptly by staff present or is referred to a complaint coordinator, patient advocate or hospital management, it is considered a grievance.

What is the process for a Grievance?

Grievances are the responsibility of Risk Management, who follows up on patient care concerns, (wrong medications, misdiagnosis, patient harm, etc.) The involved staff members may be asked to assist as well. The Risk Manager is to assist with the grievance investigation, resolution and response to the patient or legally authorized person. Premature discharge issues are followed up and addressed by Case Management, and financial issues are followed up and addressed by Patient Financial Services (PFS). HIPPA issues are followed-up by the Privacy Officer.

Patient Safety Organization and Work Product

Policy 305.500, Policy 305.501 and Policy 305.502

The Patient Safety and Quality Improvement Act of 2005 is a federal law which provides for the improvement of healthcare quality and patient safety. It authorized the creation of federally certified Patient Safety Organizations (PSOrg).

To encourage a culture of safety, quality and a non-punitive cooperative system, Florida Hospital has joined the Quality Circle of Healthcare (AHS PSO), a federally designated Patient Safety Organization. This organization will assist us to elevate our quality care and patient safety by analyzing data and incorporating evidence based practice.

Key definitions associated with PSOrg:

- **Patient Safety Evaluation System (PSES):** PSES is achieved through safety initiatives and various patient safety activities such as event reporting, trigger tool data and Patient Safety Walk Rounds. It manages the collection and/or analysis of information that is reported to a federally designated Patient Safety Organization (PSOrg), which is the Quality Circle of Healthcare for FH.
- **Patient Safety Work Product (PSWP)** includes any data, reports, memoranda, analysis (such as root cause analysis) or written or oral statements. It does not include the patient's medical records, billing and discharge information or original patient or provider information.

Oversight for activities related to the PSES and PSWP is provided by the PSOrg Executive and Advisory Committees. All FH employees should ensure PSWP is held confidential and should not be disclosed to parties outside of FH without approval by PSOrg Chairperson or his/her designee. If you are asked for information you believe may be considered Patient Safety Work Product (PSWP) or have questions regarding this, contact your Patient Safety Officer or Risk Management Coordinator.



PATIENT SAFETY

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Emergency Codes

Emergency Codes

Policy 615.002

Emergency Condition	Description:	Response:
Code Red Fire Emergency	Smoke and/or fire observed Overhead announcement "CODE RED (location)"	RACE R emove person in area; A ctivate (pull alarm); C lose all doors; E vacuate area EXTINGUISH FIRE IF POSSIBLE: PASS P ull the extinguisher pin out; A im hose at base of fire; S queeze handle; S weep from side to side
Mass Casualty - STAT	Overhead announcement "MASS CASUALTY - STAT (plus the number of victims)" An event resulting in a number of injured victims arriving at the facility that would burden the normal system. A Hospital Command Center (HCC) will be set up with the location and phone number announced.	The senior person on duty will notify the administrator on duty (or on call) to obtain permission to call a MASS CASUALTY-STAT. Departments initiate their personnel call-in procedure as needed.
Severe Weather (Hurricane, Tornado, Flood)	Public radio and television announcements for high winds and rain.	<u>If off duty</u> , prepare your home for severe weather, check disaster supply kit, and be prepared to be called in for work. Immediate family members (no pets) may accompany the employee to the hospital (bring 3-day survival supply). <u>If at work</u> , check in with your supervisor for direction.

Emergency Condition	Description:	Response:
Code Pink Infant/Child/ Adolescent Abduction	Possible unauthorized removal of or abduction of an infant, child or adolescent. Policy 645.006	Orl, CH, WP, Alt, Apk, East - 1090 for overhead page Ksm - Extension 6000 Follow hospital policy and department specific processes to initiate a CODE PINK response.
Code Yellow Prepare for Evacuation	Prepare for building or area evacuation due to power outage, flood, hurricane damage, etc.	Check in with your Supervisor. Prepare patients, equipment, and personnel for evacuation.
Code Green Begin Evacuation	Begin building or area evacuation.	Start evacuation via floor and stairway pool. Keep log of patients and personnel transported.
Code Blue Cardiopulmonary Arrest	Overhead announcement "CODE BLUE (location)"	Initiate CPR and follow Assessment of the Patient P&P 100.066 and Code Resource Book on Code Cart.

Emergency Codes

Policy 615.002

Emergency Condition	Description:	Response:
Code Purple Overcapacity	Systematic approach to improve patient throughput and flow Policy 910.062	Four levels based on patient volume triggers to respond and manage escalating overcapacity issues.
Code Black Bomb Threat	Overhead announcement "CODE BLACK (location)" Notification of a bomb on campus by caller. Policy 645.010	Keep the caller on the line as long as possible, getting as much information as possible. Notify Supervisor Call Security emergency At Orlando- 303-1515 All other hospitals - ext. 1515
Code Orange Hazardous Materials Incident	Victims contaminated with chemical, biological or radiological material, large chemical spills, community chemical disasters, or terrorist actions.	Isolate the area and notify Security using 303-1515 at Orlando and 1515 at all other hospitals. Await response from Safety department, Security department and/or Decontamination Team.
Code White Violent Situation	Any incident involving physical violence or potential physical violence to an individual.	Call Security at Orlando 303-1515 ; All other hospitals - ext. 1515 Notify Supervisor

Emergency Condition	Description:	Response:
Emergency Safety Issue	Any safety concern which you feel is immediately dangerous to life, health, and property.	Notify Supervisor Notify the Safety Department at 407-303-5675, M-F 8:00 – 4:30 Call Security: Orlando - 303-1515 All other hospitals - ext. 1515
Emergency Security Issue	Thefts, suspicious persons, violent action, or any other concern presenting a risk to life, health, and property.	Notify Supervisor Call Security at Orlando 303-1515 ; All other hospitals ext. 1515 All non-hospital bldgs. – Call 911 & specify location Give your name, department, and location and description of the incident.
Code Gray Stroke (CVA)	Any new signs or symptoms of a stroke.	Notify Rapid Response Team and attending physician. If in non-patient care area, call for overhead page: Kissimmee - ext. 6000 All other campuses - ext. 1090



PATIENT SAFETY

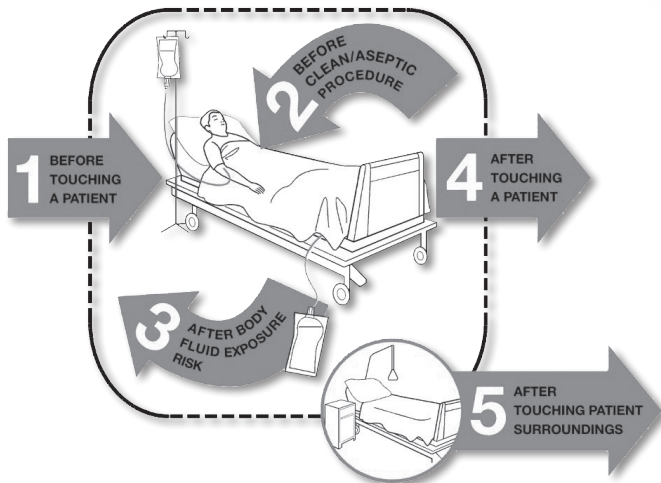
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Infection Prevention

Hand Hygiene: Wash/Sanitize Your Hands

Policy 500.111

Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN? Clean your hands before touching a patient when approaching him/her. WHY? To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ ASEPTIC PROCEDURE	WHEN? Clean your hands immediately before performing a clean aseptic procedure. WHY? To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal). WHY? To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN? Clean your hands after touching a patient and his/her immediate surroundings when leaving the patient's side. WHY? To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving – even if the patient has not been touched. WHY? To protect yourself and the health-care environment from harmful patient germs.

Exposure

Policy 500.001

A significant exposure requires a point of entry (non-intact skin, mucus membrane or through the skin injury) and contact with blood or an "other potentially infectious material" (spinal, amniotic fluid, etc.)

Prevention of Exposure

General	Contaminated items	Sharps Safety
<p>Always use standard precautions with all patients regardless of perceived risk.</p> <p>In areas where exposure to blood or body fluids is possible:</p> <ul style="list-style-type: none"> • Do not apply cosmetics, lip balm or manipulate contact lenses. • Do not eat, drink or put objects (like pens) in your mouth. 	<p>Use appropriate containers for regulated medical waste.</p> <p>Follow recommended practices for handling contaminated clothing and laundry, including performing hand hygiene after handling.</p>	<p>Dispose of used syringes and sharps immediately after use in an approved sharps container.</p> <p>Use needle-less system/ needle safety devices appropriately.</p> <p>Never attempt to recap a used needle.</p> <p>Do not attempt to remove a sharps device from a sharps container.</p> <p>Replace sharps containers when $\frac{3}{4}$ full.</p>

Exposure Control Plan

Policy 500.001

In the event an exposure occurs, immediately:

- Flush exposed mucous membranes and eyes with clean water (remove contact lenses prior to flushing).
- For sharps injury, such as a stick with a used needle, clean the punctured area with soap and water.
 - Seek emergency assistance if unable to control bleeding or wound requires medical attention.

Post-exposure Medical Follow-up

Immediately perform necessary first aid.



Call the Exposure Hotline at
(407) 200-4702 or (888) 807-1020, option 2
Provide a phone number where you may be reached. Describe
incident; have source info; know device detail if a sharps injury. The
Post Exposure Nurse (PEN) will arrange follow up with you on-site. **DO
NOT DELAY!** If post-exposure medication is appropriate, it should be
started as soon as possible.

Standard Precautions

Policy 500.110 and Policy 500.100

Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin and mucous membranes may contain transmissible infectious agents.

Standard Precautions include:

- ◇ Hand hygiene
- ◇ Personal Protective Equipment (PPE): Gloves, gown, mask, eye protection (goggles), face shield
- ◇ Work Practice Controls:
 - Soiled patient care equipment: Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated
 - Environmental control: Care, cleaning and disinfection of environmental surfaces
 - Textile and laundry: Handle in a manner that prevents transfer of microorganisms to others and to the environment

- Needles and other sharps: Do not re-cap, bend, break or hand-manipulate used needles; if re-capping is required, use one-hand scoop technique only; use safety features when available; place used sharps in puncture-resistant container
- Patient resuscitation: Use mouthpiece, resuscitation bag or other ventilation devices to prevent contact with mouth and oral secretions

Additions to Standard Precautions:

- **Respiratory Hygiene/ Cough Etiquette:** Instruct symptomatic persons to cover mouth and nose when sneezing or coughing; use tissues and dispose in no-touch receptacle; perform hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation >3 feet
- **Safe injection practices:** Use single-dose vials whenever possible; avoid using multiple dose vials for more than one patient; always use a new needle and syringe for each injection, even if for the same patient
- **Infection control for special lumbar puncture procedures:** A face mask must be worn by the practitioner performing a spinal procedure (e.g. myelogram, lumbar puncture, spinal anesthesia)

Transmission Based Precautions

Policy 500.100

Transmission-based precautions are used **in addition to Standard Precautions**.

Type	Purpose	Components
Contact	To prevent transmission of infectious agents, including multidrug-resistant organisms (MDRO), which are spread by direct or indirect contact with the patient or the patient's environment	<ul style="list-style-type: none">• Private room preferred• Isolation gown when in patient's room• Gloves when in patient's room• PPE should be removed and discarded before leaving patient's room, then perform hand hygiene• For transport, patient wears clean gown and performs hand hygiene
Special Contact	Used for patients with <i>Clostridium difficile</i> (C diff) infection	<ul style="list-style-type: none">• Identical to Contact (above), but hand hygiene must be performed using soap and water after patient care or contact with environment in room of patient with C diff infection

Type	Purpose	Components
Droplet	To prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions; including <i>B. pertussis</i> (whooping cough), influenza, bacterial meningitis, group A streptococcus, etc.	<ul style="list-style-type: none"> • Private room preferred • Surgical or procedure mask when in patient's room or within 3 feet of patient if out of room • During transport, patient wears mask
Airborne	To prevent transmission of infectious agents that remain infectious over long distances when suspended in air; including respiratory tuberculosis, chickenpox, measles, DISSEMINATED shingles	<ul style="list-style-type: none"> • Airborne infection isolation room (AIIR) with negative pressure compared to hallway or HEPA filter to create negative pressure in private room • Door must remain closed • N95 respirator when in patient's room • Transport is discouraged, but if absolutely necessary, patient wears a surgical or procedure mask (NOT respirator)

Multidrug-resistant Organisms (MDRO)

Multidrug-resistant organisms are organisms that have developed resistance to antibiotics or antivirals that would normally be used to control them. There are varied mechanisms of resistance; organisms develop resistance with exposure to antibiotics and then these resistant organisms can be transferred to other patients, either on the hands of healthcare workers, via contaminated environmental surfaces, or by contact with contaminated shared patient care equipment.

Examples of MDRO's include:

MRSA Methicillin-resistant *Staphylococcus aureus*

VRE Vancomycin-resistant *Enterococcus faecalis* or *faecium*

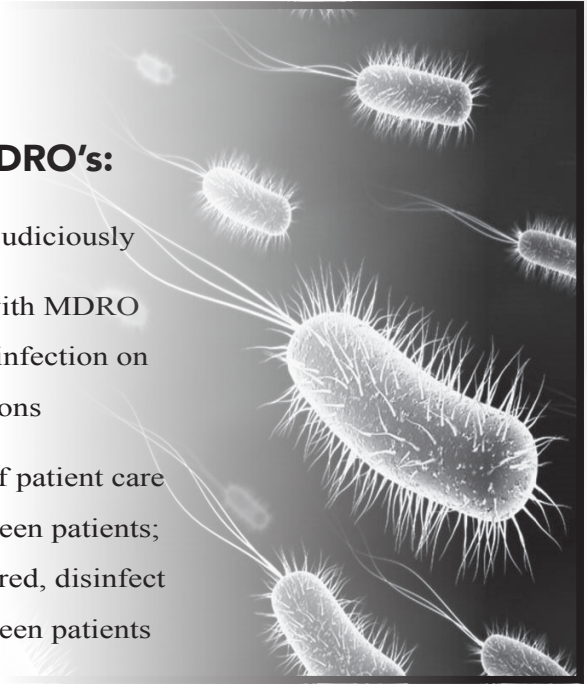
ESBL Positive Extended Spectrum Beta Lactamase, an enzyme that is secreted by some bacteria (usually found in the urine, bowel, or wounds) that renders them resistant to some antibiotics

CRE Carbapenem-resistant *Enterobacteraciae*

KPC *Klebsiella pneumonia* Carbapenemase stands for an enzyme that is secreted by certain bacteria, typically *Klebsiella* and *Eschericia coli*, that renders them resistant to antibiotics, including Carbapenems

To Prevent the Transmission of MDRO's:

- Use antibiotics judiciously
- Place patients with MDRO colonization or infection on contact precautions
- Avoid sharing of patient care equipment between patients; if it must be shared, disinfect equipment between patients



Healthcare Associated Infections

Elements of these infection prevention bundles are outlined below:

Surgical Site Infection (SSI)

Pre-op bathing /shower with CHG

- All surgical patients
- Pre-operative showering with CHG has been shown to reduce the number of skin flora at the incision site.

CHG skin wipes

- Orthopedic, Podiatry, Neuro, Cardiovascular, Hysterectomy, Colorectal procedures
- Patient compliance with Pre-op bathing/showering cannot be validated. Using the CHG wipe in the holding area can provide one last opportunity to reduce skin flora.

Antibiotic Prophylaxis

- According to SCIP or HOP guidelines
- Antibiotics should be selected according to SCIP guidelines, be weight based.

Vancomycin should be infused over a 1-2 hour period.

- Timing and Re-dosing
- For procedures lasting >4 hours consideration should be given for re-dosing
- Discontinued 24 hours after anesthesia end time or 48 hours for CV patients
- Prolonged administration of antibiotics may promote the risk of C Diff and antibiotic resistance.

Intra-operative Skin Prep

- Completed with Chloraprep or Duraprep (exception on mucus membranes)
- Alcohol based solutions provide better reduction of skin flora than betadine paint and scrub.

Controlled Serum Glucose

- Tight perioperative control of blood glucose (<180 post operatively) improves outcomes of diabetic patients undergoing surgery.

Screening and decolonization for MRSA/MSSA

- For Ortho, Neuro, CV, and patients with known history of MRSA/MSSA
- Up to 1/3 of the population is asymptotically colonized with S. Aureus. Patients who are carriers have a higher likelihood of developing an invasive S. aureus infection. Preoperative detection of S. Aureus infection with subsequent decolonization is a cost effective means to reduce SSI.
- **Utilize the Decolonization Power Plan.**

Healthcare Associated Infections

Elements of these infection prevention bundles are outlined below:

Central Line-Associated Bloodstream Infection (CLABSI)

- Hand hygiene
- Maximal barrier precautions and use of checklist during insertion
- Chlorhexidine skin antisepsis
- Optimal catheter site selection, avoiding femoral site in adults
- Daily review of line necessity with prompt removal of unnecessary lines
- Replace emergently placed central lines within 24 – 48 hours

Catheter-Associated Urinary Tract Infection (CAUTI)

The risk of catheter associated UTI increases with increased duration of indwelling foley.

- Insert catheters only for appropriate indications
- Hand hygiene
- Assess daily for continued need
- Ensure that only properly trained persons insert and maintain catheters
- Insert catheters using aseptic technique and sterile equipment in the acute care setting
- Following aseptic insertion, maintain a closed drainage system (do not irrigate unless indication for irrigation exists and physician order is obtained)
- Use securement device
- Maintain unobstructed urine flow, drainage bag positioned at least 12 – 18” below the level of the bladder
- Foley Removal: Removed by POD 2 at midnight (except GYN/GU cases)
 - > If no, reason to keep foley documented by Physician or AHP

Ventilator-Associated Pneumonia (VAP)

- Elevate the head of the bed to 30 – 45 degrees
- Daily “sedation vacation” and assessment of readiness to extubate
- Peptic ulcer disease (PUD) prophylaxis
- Deep venous thrombosis (DVT) prophylaxis
- Daily oral care with chlorhexidine

Antimicrobial Stewardship (AMS)

The Infectious Disease Society of America (IDSA) defines AMS as “coordinated interventions designed to improve and measure the appropriate use of antimicrobials by promoting the selection of the optimal antimicrobial drug regimen, dose, duration of therapy, and route of administration.” AMS programs are in place in most academic centers and many larger hospitals nationwide.

The goals of AMS include:

- Achieving the best clinical outcome
- Minimizing drug toxicities
- Minimizing adverse events
- Reducing resistance to antibiotics
- Reducing overall healthcare costs



AMS at Florida Hospital takes a multidisciplinary approach.

The team consists of:

- Infectious Disease specialists
- Pharmacists with special ID training
- Infection Prevention
- Microbiology
- Information Technology

At the campus level the team, consisting of the ID physician champion and pharmacist, will identify issues with a patient's antibiotic regimen. This may include the opportunity for interventions such as de-escalating from a broad spectrum antibiotic, switching from an IV agent to and oral agent with equal bioavailability. Occasionally a physician or provider may be contacted by the campus champion regarding a more urgent recommendation. The AMS is here to ensure safe, high quality care is delivered to our patients. We appreciate your support of this important program.



PATIENT SAFETY

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Patient Safety

Hospital Acquired Conditions

A Hospital Acquired Condition (HAC) is a specific condition that a patient acquires while in a hospital that can be “reasonably prevented” by following established evidence-based guidelines.

- The condition was not present or documented as present when admitted to hospital
- Could result in prolonged care for your patient
- Conditions outlined in this section are present at admission to the hospital and should be documented in the H & P.

Current Hospital Acquired Condition List

- Blood Incompatibility
- Pressure Ulcers
- Falls and Trauma
- Central Line Associated Blood Stream Infection (CLABSI)
- Catheter Associated Urinary Tract Infection (CAUTI)
- Manifestations of Poor Glycemic Control
- Surgical Site Infection
- DVT/PE for Total Knee Replacement and Total Hip Replacement
- Iatrogenic pneumothorax with venous catheterization
- Air Embolism
- Foreign Object Retained After Surgery

Core Measures

Core Measures are a publicly reported set of care processes developed to improve the quality of health care by implementing a national, standardized performance measurement system. The Core Measures were derived largely from a set of quality indicators defined by the Centers for Medicare and Medicaid Services (CMS). They have been shown to reduce the risk of complications, prevent recurrences and otherwise treat the majority of patients who come to a hospital for treatment of a condition or illness. Core Measures help hospitals improve the quality of patient care by focusing on the actual results of care.

Currently Reported Core Measures are:

Heart Failure (HF)

Acute Myocardial Infarction (AMI)

Pneumonia (PN)

Surgical Care Improvement Project (SCIP)

Stroke (STK)

Venous Thromboembolism (VTE)

Global Immunizations

Emergency Department Throughput

Perinatal Care

Hospital-Based Inpatient Psychiatric Services (HBIPS)

Outpatient Measures

Core Measures

Heart Failure

HEART FAILURE CORE MEASURE ELEMENT	PHYSICIAN'S RESPONSIBILITY
ARB/ACE at Discharge	<ul style="list-style-type: none">■ Prescribe if EF < 40%, or■ Document REASON for contraindication or holding ACE/ARB
Discharge Medications	<ul style="list-style-type: none">■ Complete Discharge Medication Reconciliation through "Depart" and click RECONCILE & SIGN+ click SIGN again prior to exiting Depart■ All discharge medications must be included in Discharge Medication Reconciliation including those mentioned by other providers in the Progress Notes or Physician Orders■ Complete Clinical Resume within 30 days of discharge when requested■ Do not dictate discharge medications in Clinical Resume

Acute Myocardial Infarction

ACUTE MI CORE MEASURE ELEMENT	PHYSICIAN'S RESPONSIBILITY
Aspirin and Statin at discharge	<ul style="list-style-type: none">■ Prescribe at discharge, or■ Document reason for contraindication■ Order must clearly imply medication was prescribed
Primary PCI Received Within 90 Minutes of Hospital Arrival	<ul style="list-style-type: none">■ Physician must document any patient centered REASON for DELAY in transferring patient to cath lab or delay in reperfusion

Pneumonia

PNEUMONIA CORE MEASURE ELEMENT	PHYSICIAN'S RESPONSIBILITY
Blood Cultures	<ul style="list-style-type: none">■ Emergency Room: Order blood cultures <u>before</u> antibiotics■ ICU: Order blood cultures if admitted/ transferred to ICU within 24 hours of arrival and blood cultures were not previously completed (even if antibiotics already administered)
Pneumonia Antibiotic Selection	<ul style="list-style-type: none">■ Prescribe antibiotics utilizing the Pneumonia Powerplan (includes required antibiotics per North American antibiotic guidelines)■ Continue antibiotics to ensure full regimen is administered within 24 hours of arrival

Core Measures

Surgical Care Improvement Project

SCIP CORE MEASURE ELEMENT	PHYSICIAN'S RESPONSIBILITY
Prophylactic Antibiotic Selection	<ul style="list-style-type: none">■ Prescribe prophylactic antibiotics utilizing SCIP Preop Powerplan specific to type of procedure (includes required antibiotics consistent with current guidelines)■ If a physician chooses to use an alternative antibiotic, a reason must be documented in medical record■ Applies to cardiac, vascular, hip, knee, colon, and hysterectomy surgeries
Antibiotics discontinued within 24 hours after surgery (48 hours for cardiac)	<ul style="list-style-type: none">■ Discontinue prophylactic antibiotics within 24 hours of surgery (48 hours for cardiac surgery), or■ If a physician chooses to use an alternative antibiotic, a reason must be documented in the medical record■ Document "infection" or "suspected infection" if prophylactic antibiotics ordered to continue beyond 24 hours after surgery (48 hours for cardiac surgery)■ If additional antibiotics ordered 24-48 hours after surgery (48-72 hours for cardiac surgery), document "infection" or "suspected infection"■ Applies to cardiac, vascular, hip, knee, colon, and hysterectomy surgeries

SCIP CORE MEASURE ELEMENT	PHYSICIAN'S RESPONSIBILITY
<p>VTE prophylaxis: General Surgery, Hip Surgery Neurological, Gynecologic, Urologic, or Knee Surgery</p>	<ul style="list-style-type: none"> ■ Order anticoagulant, or ■ Order mechanical VTE prophylaxis (SCDs) ■ If no prophylaxis is used, document why they are not using the mechanical or chemical prophylaxis in the patients medical record
<p>Urinary Catheter</p>	<ul style="list-style-type: none"> ■ Order urinary catheter discontinuation on or before POD 2 or ■ Document reason for continuing catheter on POD 1 or POD 2
<p>Beta-blockers</p>	<ul style="list-style-type: none"> ■ If patient was on a beta-blocker at home or prior to surgery, the patient must receive a beta-blocker within the perioperative period (24 hours prior to incision or before leaving PACU) AND must also receive a beta-blocker on POD 1 and POD 2 unless there is a documented reason to hold medication

Core Measures

Venous Thromboembolism

VTE CORE MEASURE	PHYSICIAN'S RESPONSIBILITY
<p style="text-align: center;"><u>VTE-1</u> Venous Thromboembolism Prophylaxis</p>	<p>For all patients 18 years of age or older admitted to the hospital:</p> <ul style="list-style-type: none">■ Assess patient for VTE Risk, day of, or day after admission■ Order anticoagulant or document reason contraindicated for moderate or high VTE Risk■ Order SCDs for moderate or high VTE Risk when anticoagulant contraindicated■ Check communication tab VTE Risk for increase or decrease in VTE risk and change or add anticoagulant order as needed
<p style="text-align: center;"><u>VTE-2</u> Intensive Care Unit Venous Thromboembolism Prophylaxis</p>	<p>All patients 18 years or older admitted to the hospital:</p> <ul style="list-style-type: none">■ Assess patient for VTE risk, day of, or day after admission■ Order anticoagulant or document reason contraindicated for moderate or high VTE Risk■ Order SCDs for moderate or high VTE Risk when anticoagulant contraindicated■ Check communication tab VTE Risk for increase or decrease in VTE risk and change or add anticoagulant order as needed

VTE CORE MEASURE	PHYSICIAN'S RESPONSIBILITY
<p><u>VTE-3</u> Patients with a confirmed Venous Thromboembolism with Anticoagulation Overlap Therapy</p>	<ul style="list-style-type: none"> ■ Order overlap therapy for at least 5 days with an INR greater than or equal to 2 prior to discontinuation of the parenteral anticoagulation therapy, discharge on both medications, or have a documented reason for discontinuation of parenteral anticoagulation therapy
<p><u>VTE-4</u> Venous Thromboembolism Patients Receiving Unfractionated Heparin with Dosages/Platelet Count Monitoring by Protocol or Nomogram</p>	<ul style="list-style-type: none"> ■ Order platelet counts to monitor presence of heparin induced thrombocytopenia
<p><u>VTE-5</u> Venous Thromboembolism Warfarin Therapy Discharge Instructions</p>	<ul style="list-style-type: none"> ■ Orders for discharge instructions to educate the patient on Warfarin medication and monitoring
<p><u>VTE-6</u> Hospital Acquired Potentially-Preventable Venous Thromboembolism</p>	<ul style="list-style-type: none"> ■ Follow VTE prevention steps (VTE 1-2) ■ VTE prophylaxis must be ordered between hospital admission and the day before the order date of a VTE diagnostic test or document a reason for no administration of VTE Prophylaxis

Core Measures

Stroke

STROKE CORE MEASURE ELEMENT	PHYSICIAN'S RESPONSIBILITY (Use of Brain Attack PowerPlans will achieve most elements)
<p>VTE Prophylaxis by Hosp Day 2 (Ischemic/Hemorrhagic)</p>	<ul style="list-style-type: none"> ■ Order VTE Prophylaxis (pharmacological or mechanical) by day of or day after admission, OR ■ Select 'Reason VTE Prophylaxis Not Received' on VTE Prophylaxis or Brain Attack PowerPlan before end of hospital day 2 (contraindication is needed for BOTH pharmacological and mechanical VTE prophylaxis)
<p>Antithrombotic by Hosp Day 2 (Ischemic Stroke only)</p>	<ul style="list-style-type: none"> ■ Order an Antithrombotic by day of or day after arrival, OR ■ Document a reason for not prescribing antithrombotic therapy (On Brain Attack PPs Select 'Reason Anti-thromb not given by midnight on day 2')
<p>Thrombolytic Therapy Admin (Ischemic Stroke only)</p>	<ul style="list-style-type: none"> ■ Emergency Dept: Administer IV tPA within 180 min from Last Known Well for eligible pts arriving to ED ≤ 2 hrs of symptom onset, OR ■ Document reason for not initiating IV tPA therapy OR reason for delay in administering IV tPA, if > 60 min arrival.
<p>Assessed for Rehab Services (Ischemic/Hemorrhagic)</p>	<ul style="list-style-type: none"> ■ Order Physical, Speech and/or Occupational Therapy Evaluation at admission or when indicated, OR ■ Document the reason Rehab Services not indicated (On Brain Attack PPs Select 'Reason Rehab Services Not Indicated')

STROKE CORE MEASURE ELEMENT	PHYSICIAN'S RESPONSIBILITY (Use of Brain Attack PowerPlans will achieve most elements)
Antithrombotic at Discharge (Ischemic Stroke only)	<ul style="list-style-type: none"> ■ Prescribe an antithrombotic at discharge and select to continue on CPOE Discharge Med Rec OR ■ Document a reason for not prescribing antithrombotic therapy
Statin at Discharge (Ischemic Stroke only)	<ul style="list-style-type: none"> ■ Order LDL level with admission orders ■ Prescribe a Statin medication at discharge and select to continue on CPOE Discharge Med Rec OR ■ Document the reason for not prescribing a Statin medication
Anticoagulation at Discharge for Afib (Ischemic Stroke only)	<ul style="list-style-type: none"> ■ For patients with Afib or any history of Afib prescribe anticoagulation therapy at discharge, OR ■ Document reason for not prescribing anticoagulation therapy
Discharge Instructions (Ischemic/Hemorrhagic)	<ul style="list-style-type: none"> ■ Complete CPOE Discharge Med Rec orders and click on SIGN, ■ Complete Clinical Resume within 30 days of discharge, and ■ Do not dictate discharge medications in clinical resume

Core Measures

Global Immunization

This measure states that all patients discharged from acute inpatient care with a length of stay less than 120 days must be assessed for and offered pneumococcal and influenza immunizations as appropriate.

Pneumococcal Immunization

Currently 2 types of vaccines:

- Pneumococcal conjugate vaccine (PCV13) [Given to children and at-risk adults]
- Pneumococcal polysaccharide vaccine (PPSV23)

PPSV23 vaccination given to patients:

- Aged 65 years or older
- Aged 2-64 years with a long-term health problem: Heart, liver, or lung disease; sickle cell disease; diabetes; alcoholism; cerebrospinal fluid leak; cochlear implant; any immunocompromising disease/condition, such as Hodgkin's disease, lymphoma, leukemia, HIV/AIDS, damaged or removed spleen, organ transplant, radiation or immune-suppressant drug treatments
- Aged 19-64 with a history of smoking or asthma

PCV13 vaccination given to at-risk adults (aged 19 or older) who have not previously received PCV13 and have the following conditions:

- Immunocompromising conditions (as noted above)
- Cerebrospinal fluid leak
- Cochlear implants

Influenza (Flu) Immunization

Most effective method for preventing an influenza virus infection and its potentially severe complications. Given annually between October – March.

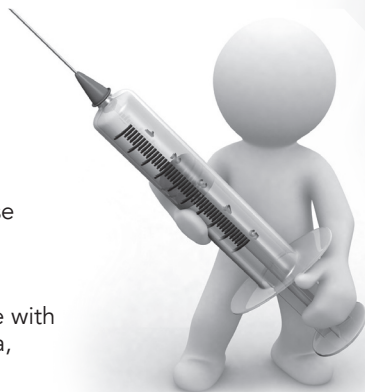
Vaccine to:

- Everyone aged 6 months or older

High-Risk indicators for developing serious complications related to an influenza virus infection include:

- Aged 65 or older
- Aged 2 years or younger
- Cardiovascular, respiratory, or kidney disease
- Diabetes
- Immune system deficiency (of any etiology)
- Pregnancy (2nd and 3rd trimesters)
- Household contacts and caregivers of those with certain medical conditions including asthma, diabetes and chronic lung disease

The **Medical Staff Leadership** has endorsed this Florida Hospital policy and encourages all medical staff and Allied Health Professional members to adhere to the policy.



Patient Experience

What is HCAHPS?

The HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey is a national, standardized, publicly reported survey of patients' perspectives of hospital care. It is government mandated and administered to patients at all hospitals across the country.

- Surveys are mailed to 50% of eligible adult inpatients about one week after discharge (100% of eligible patients from Florida Hospital Apopka).
- Exclusions include patients
 - with primary psychiatric diagnosis
 - discharged to hospice or a skilled nursing facility
 - with foreign home address
 - that are prisoners
- Surveys are sent in English or Spanish, depending on the primary language of the patient.

How are HCAHPS results reported?

HCAHPS results are reported on the U.S. Department of Health & Human Services' Hospital Compare website (www.hospitalcompare.hhs.gov).

- Florida Hospital seven campuses are reported as a system.
- To ensure that publicly reported HCAHPS scores allow for accurate comparisons, the results are adjusted for factors that are not directly related to hospital performance but affect how patients answer HCAHPS survey items (e.g. mode of survey, patient mix).

What is included in the Survey?

The HCAHPS survey includes 21 core questions about critical aspects of patients' hospital experiences that make up 10 publicly reported measures, one of which is Doctor Communication. The questions in that composite are:

1. During this hospital stay, how often did doctors treat you with courtesy and respect?
2. During this hospital stay, how often did doctors listen carefully to you?
3. During this hospital stay, how often did doctors explain things in a way you could understand?

Responses are on a frequency scale: never, sometimes, usually, and always. Scores are reported by top box percentage (the percent of respondents who select "always").

How can I enhance the patient's perception of care?

Simple actions enhance the patient's perception of the communication between the patient and doctor. The following three evidence-based practices can improve the Doctor Communication scores:

1. Sit down at the patient's bedside to make eye contact and actively listen at the patient's eye level.
2. Demonstrate Physician/Nurse rounds in view of the patient using the nurse's name to show continuity of care and partnership.
3. Summarize the plan of care and verify the patient's understanding prior to parting.

If you have any questions about the HCAHPS survey, patient surveying of other service areas or about improving the Patient Experience at Florida Hospital, you may send them to FHPatientExperience@flhosp.org

Patient Identification

Policy 100.480

Two patient identifiers are verified to identify patients when providing care, treatment or services.

Florida Hospital uses:

- Patient's full name and date of birth.

Verify the patient's verbal information against the name and date of birth on the wristband.

Match the patient's name and date of birth with those on the order, requisition or electronic record before administering care, treatment or service.

- a. Prior to administering medications, blood or blood components
- b. When collecting blood samples and other specimens for clinical testing
- c. When providing treatments or procedures

The patient's room number or physical location is not used as an identifier.

PATIENT, PROCEDURE, SITE AND SIDE VERIFICATION FOR SURGICAL AND INVASIVE PROCEDURES

Policy 100.226

ED and Bedside Procedures	Operating Room and Procedural Areas
<p>Patient Identification – Per policy 100.480</p> <p>Procedure Verification</p> <ul style="list-style-type: none"> • Verbal verification with the patient or Legally Authorized Person (LAP) is best practice. When not possible, the verbal verification can occur between the team members and the physician or allied health provider performing the procedure. • There may also be written documentation in the patient’s medical record that may be referenced for procedure, site and side verification. (consent form, H&P, etc.) <p>Time Out</p> <ul style="list-style-type: none"> • Although a formal time out is not required, there needs to be verification between the team members prior to performing a procedure on a patient, ideally including the patient. 	<p>Pre-Procedure Verification</p> <ul style="list-style-type: none"> • In these high risk areas the nurses and / or procedure area personnel will follow detailed steps and utilize a checklist for patient, procedure, site and side verification. <p>Time Out</p> <ul style="list-style-type: none"> • The OR and procedural areas will continue to perform a time out prior to the start of the procedure. • The time out is a brief, less than one minute pause, in the operating or procedure room immediately before the start of the procedure, at which time all members of the team verbally verify the identity of the patient, the procedure site, the procedure to be performed, and any other information pertinent to the patient or procedure.

Restraints

Policy 010.147

Non-Violent Restraint: Indicated to prevent harm to patients with confusion or agitation related to their medical condition.

- Require an immediate order by physician or resident physician.
- Order must contain the type of restraint and reason.
- Attending physician shall be notified in a timely manner of all restraints not ordered by them.
- Order will be effective until the restraints are discontinued.
- Patient will be assessed daily for the medical necessity to continue restraints.

Violent Restraint: Indicated when the patient's behavior becomes aggressive, violent or has self-destructive behavior that jeopardizes the physical safety of the patient, staff and / or others.

- Require an immediate order by a physician or resident physician.
- Must contain the type of restraint and reason.
- Attending physician shall be notified in a timely manner of all restraints not ordered by them.

- **Face-to-Face within 1 hour must be conducted by:**
 - ♦ physician,
 - ♦ resident physician,
 - ♦ trained Registered Nurse (RN)
- Each order for behavioral restraint is limited to:
 - ♦ Four (4) hours for age 18 and above
 - ♦ Two (2) hours for age 9-17
 - ♦ One (1) hour for age under 9
- A restraint order may be renewed for up to a total of 24 hours, after 24 hours the physician or resident physician must see and assess before reordering restraints. (All orders must be signed within 24 hours of the initiation of the restraint.)

Chemical Restraint: A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a "**standard treatment or dosage**" for the patient's condition ("standard treatment or dosage" is a drug or medication which enables the patient to more effectively interact).

- **Only Physicians** may order chemical restraints.

Standing or PRN Orders for Restraints are Prohibited

Carbohydrate Diets

New research shows that it is not the source or the type of carbohydrates that have the most impact on glycemic control; it is the total amount of carbohydrates ingested.

The FH approved carbohydrate (CHO) diets for the non-pregnant adult are:

- Moderate (45 - 60 grams CHO / meal) - equates to 3-4 carbohydrate servings per meal or 1400 to 1600 kilocalories per day and is generally appropriate for small individuals.
- Average (60 -75 grams CHO / meal) –equates to 4-5 carbohydrate servings per meal and an average of 1800 to 2000 kilocalories per day. This diet is preferred for most patients.
- Liberal (90 -105 grams CHO / meal) – equates to 6-7 carbohydrate servings per meal, an average of 2400 to 2800 calories and is generally used for morbidly obese patients or very large patients.

NOTE: Always give Prandial insulin when tray is in front of patient. Prior to administering the Prandial insulin, assess if patient will eat at least 50% carbohydrates in their meal.

Nutrition Facts

Serving Size 1 bag 7 oz 198g (198 g)

Amount Per Serving

Calories 972 **Calories from Fat** 558

% Daily Value*

Total Fat 64g 99%

 Saturated Fat 16g 80%

 Trans Fat

Cholesterol 0mg 0%

Sodium 1485mg 62%

Total Carbohydrate 105g 35%

 Dietary Fiber 9g 35%

 Sugars

Protein 15g

Vitamin A 9% • Vitamin C 112%

Calcium 10% • Iron 21%

*Percent Daily Values are based on a 2,000 calorie diet.
Your daily values may be higher or lower depending on
your calorie needs.

©www.NutritionData.com

Think
Carbohydrates,
NOT
CALORIES!

ADULT TRANSFUSION GUIDELINE POCKET CARD

RED BLOOD CELL TRANSFUSION

Transfusing at levels other than listed here may be indicated if symptomatic anemia present. Symptoms include: chest pain, orthostatic blood pressure changes, tachycardia (heart rate > 110-130 pulse/min or > 120-130% of baseline) unresponsive to fluid resuscitation or heart failure.

*** In the absence of acute hemorrhage, RBCs should be given as single unit.**

ACTIVELY BLEEDING

- Hypovolemia and reduced O₂ carrying capacity due to acute blood loss.
- Rapid acute hemorrhage without immediate control.
- Acute loss of at least 15% of EBL volume with evidence of inadequate O₂ delivery following volume resuscitation.

NOT ACTIVELY BLEEDING

- Hemodynamically stable ICU Pt. Hgb \leq 7 g/dL
- Med/Surg Pt.including (post-op) Hgb \leq 8 g/dL*.
- Hgb \leq 8 in peri-op period after CABG.
- Pre Existing Cardiovascular Disease, Hemodynamically stable Hgb \leq 8.
- Exchange Transfusion.
- Red Cell Exchange.

*** A lower threshold may be considered if clinically indicated.**

INDICATIONS:

CRYOPRECIPITATE

- Hypofibrinogenemia (fibrinogen level less than 100 mg/dL) and microvascular bleeding.
 - Congenital fibrinogen deficiencies.
 - Correction of dysfibrinogenemia either congenital or acquired.
 - Treatment of Hemophilia A as a second-line therapy.
 - Treatment of Von Willebrand's disease as a second-line therapy.
 - Uremic platelet dysfunction with bleeding or planned invasive procedure when other measures to correct the dysfunction have failed.
-

For additional information please contact
Dr. Juliana Gaitan, Medical Director of Transfusion
Medicine and Patient Blood Management at
Juliana.Gaitan.MD@FLHosp.org



**FLORIDA
HOSPITAL**

The skill to heal. The spirit to care.®

PLATELET TRANSFUSION: CONTRAINDICATIONS

Do not use this component if bleeding is unrelated to decreased numbers of platelets or abnormally functioning platelets.

INDICATIONS:

ADULT PROPHYLACTIC

- PLT count less than 10,000 without risk factors for bleeding.
- PLT count less than 20,000 and risk factors for bleeding.

INDICATIONS:

ADULT ACTIVELY BLEEDING

- PLT count less than 50,000 and active bleeding.
- PLT count less than 50,000 in setting of trauma.

INDICATIONS:

ADULT PERI-PROCEDURE

- PLT count less than 50,000 and invasive procedure planned.
- Platelet dysfunction and microvascular bleeding.
- PLT count between 50 and 100,000 and risk of bleeding into a confined space.

INDICATIONS:

HLA MATCHED PLATELETS

- Refractoriness to platelets from alloimmunization.

INDICATIONS:

CROSS-MATCHED PLATELETS

- Patients with known anti-platelet antibodies.
- Refractoriness to platelets from alloimmunization.

FRESH FROZEN PLASMA (FFP): CONTRAINDICATIONS

Do not use when coagulopathy can be corrected more effectively with specific therapy, such as Vitamin K, cryoprecipitate, factor concentrates or medication discontinuation. Do not use FFP as a source of blood volume. IgA-deficient patients at risk for anaphylaxis should receive IgA-deficient plasma.

INDICATIONS:

- Patients on Warfarin who are bleeding or need to undergo an invasive procedure before Vitamin K could reverse the Warfarin effect or who need to have anticoagulation therapy after the procedure.
- Bleeding or invasive procedure in conditions with multiple factor deficiencies and INR ≥ 2 .
- Bleeding or invasive procedure in a single-factor deficiency condition for which no specific factor concentrate is available.
- Massive transfusion with coagulation abnormalities.
- Treatment of Thrombotic Thrombocytopenic Purpura-Hemolytic Uremic Syndrome.
- Treatment of inherited Factor XI deficiency.

Important Phone Numbers

RAPID RESPONSE TEAM

Orlando	110-2000
East Orlando	2911
Winter Park	2911
Altamonte	6323
Apopka	7779
Kissimmee page overhead	8952
Celebration wireless CH CAT Team or CH RRT	
Children's	110-4836
Perinatal	110-4938

SECURITY

Orlando, East Orlando, WP, Altamonte and Apopka (Orlando dispatches all campuses except CH and Kissimmee)	
. Non emergency	407-303-1916
. Emergency	407-303-1515
Celebration and Kissimmee (Celebration dispatches Kissimmee)	407-303-4479

NURSING SUPERVISORS

Orlando	303-8981 or 303-8982
East Orlando	7377
Winter Park	7619
Altamonte	8235
Apopka	1975
Kissimmee	6636
Celebration	4071
Children's NICU and Peds NM or Director	

RISK MANAGER on Call

Contact campus operator

INTERPRETER SERVICES

All campuses except Orlando	8510
Orlando	110.8510

EXPOSURE HOTLINE

.	407-200-4702
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Altamonte: 407-303-2200
Apopka: 407-889-1000
Celebration: 407-303-4000
Children's Hospital: 407-303-5600
East Orlando: 407-303-8110
Kissimmee: 407-846-4343
Orlando: 407-303-5600
Winter Park: 407-646-7000

