2021-22 Annual Medical Staff and Advance Practice Provider Education

- 1. Pain Management
- 2. Antimicrobial Stewardship
- 3. Chest Pain Education
- 4. DNR to DNaR
- 5. Glycemic Management
- 6. Human Trafficking Rapid Regulations
- 7. Patients in Possession of Unidentified Substances of Contraband
- 8. Rapid Regulatory Training:
 - a. Emergency Preparedness
 - b. Emergency Codes
- 9. Rapid Regulatory Training Environment of Care (EOC) Part 1
 - a. Safety
 - b. Security
 - c. Fire Safety
- 10. Patient Safety Rapid Regulations Environment of Care (EOC) Part 2
 - a. Hazardous Materials
 - b. Medical Equipment
 - c. Electrical and Utility Safety
- 11. Regulatory Compliance and Ethics
- 12. HIPAA and Privacy
- 13. Infection Prevention and Control
- 14. Mission, Vision, Goals and Standards of Behavior
- 15. MRI and Radiation Safety
- 16. Use of Two Patient Identifiers
- 17. Stroke Education
- 18. The Joint Commission 2021 National Patient Safety Goals
- 19. Two Patient Identifiers
- 20. Workplace Violence Prevention



Medical Staff Educational MEMO

TO: All Medical Staff and Advanced Practice Providers

SUBJECT: PAIN MANAGEMENT – Annual Education 2021

Patient Rights

- Under CMS, TJC and Title 22, patients have several rights.
- Pain Management is one of those rights.
- Surveyors routinely evaluate the right to pain management.
 - Patients are entitled to appropriate assessment, management of their pain, information about pain, pain relief measures and to participate in pain management decisions.
 - Patients may request or reject the use of any or all modalities to relieve pain, including opiate medication, if they suffer from severe chronic intractable pain.
 - If the patient refuses it should be documented in the medical record.
 - As the MD, you may refuse to prescribe opiate medication, but if so, CMS will look to see if the clinical justification for that decision is documented in the patient's medical record.

Our organizational Policy:

- Conduct an appropriate assessment and/or reassessment of a patient's pain consistent with the scope of care, treatment, and service provided in the specific care setting in which the patient is being managed.
- Require that methods used to assess a patient's pain are consistent with the patient's age, condition, and ability to understand
- Assess the patient's response to care, treatment, and service implemented to address pain.
- Address the patient's pain or refer the patient for treatment. Case Managers can assist with appropriate interagency and community referrals for discharge.
- In general, inpatients shall receive treatment for any active pain issue (acute or chronic), when intensity exceeds their acceptable level. Treatment shall be consistent with the patient's clinical presentation and objective findings. The treatment modality selected shall be appropriate for the patient's needs.
- Treatment will be provided in a timely manner.

Antimicrobial Stewardship

- Studies have estimated that 30-50% of antibiotics prescribed in acute-care hospitals are unnecessary or inappropriate¹
- Antimicrobial stewardship definition: Coordinated interventions designed to improve and measure the appropriate use of antimicrobial agents by promoting the selection of the optimal antimicrobial drug regimen including dosing, duration of therapy, and route of administration²
- Objectives of stewardship: Achieving the best clinical outcomes related to antimicrobial use while minimizing toxicity and other adverse events, thereby limiting the selective pressures that drive the emergence of antimicrobial-resistant strains of bacteria

^{1.} National Quality Forum. Antimicrobial Stewardship in Acute Care: A Practical Playbook. Accessed 10 June 2016.

^{2.} Infectious Diseases Society of America. http://www.idsociety.org/Stewardship_Policy/. Accessed 27 March 2017.

Antibiotic Resistance: A Growing Crisis

The Threat of Antibiotic Resistance in the United States

Antibiotic resistance—when germs (bacteria, fungi) develop the ability to defeat the antibiotics designed to kill them-is one of the greatest global health challenges of modern time.



New National Estimate*

Each year, antibiotic-resistant bacteria and fungi cause at least an estimated:



Clostridioides difficile** is related to antibiotic use and antibiotic resistance:







5,900 deaths



New Antibiotic Resistance Threats List

Updated urgent, serious, and concerning threats-totaling 18

urgent threats

2 new threats

NEW: Watch List with 3 threats





Antibiotic resistance remains a significant One Health problem, affecting humans, animals, and the environment. Data show infection prevention and control is saving lives—especially in hospitals—but threats may undermine this progress without continued aggressive action now.

earn more: www.cdc.gov/DrugResistance/Biggest-Threats.html

CDC. Antibiotic Resistance Threats in the United States, 2019 https://www.cdc.gov/dru gresistance/pdf/threatsreport/2019-ar-threatsreport-508.pdf

CDC's 2019 AR Threats Report: PREVENTION WORKS.

fewer deaths from antibiotic resistance



fewer deaths from antibiotic resistance in hospitals since 2013 report

AND DECREASES IN INFECTIONS CAUSED BY:

41%

Vancomycin-resistant Enterococcus

Carbapenem-r

Carbapenem-resistant

Multidrug-resistant Pseudomonas aeruginosa

Drug-resistant

Methicillin-resistant Staphylococcus aureus (MRSA)

STABLE Carbapenem-resistant Enterobacteriaceae (CRE) & drug-resistant tuberculosis (TB disease cases)

CDC strategies that work in healthcare:



Preventing device- and procedurerelated infections, such as from urinary catheters or central lines



Stopping the spread of resistant germs within and between healthcare facilities



Containing emerging threats through early detection and aggressive response



Tracking and improving appropriate antibiotic use



Infection prevention and control in non-hospital settings, such as long-term care facilities

CDC strategies that work in communities:



Widespread use of vaccines to prevent infections and spread



Routine tuberculosis and gonorrhea screening for at-risk groups and prompt treatment



Using safer sex practices (e.g., condoms)



Safe food handling and preparation



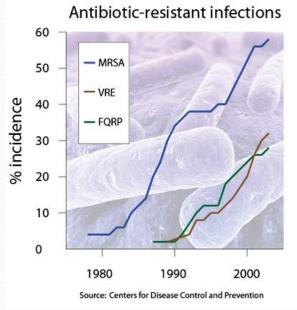
Improving antibiotic use everywhere

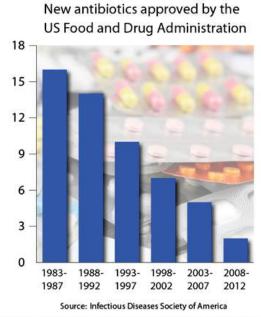
Superbugs



Antibiotic resistance is outpacing new antibiotic

development





CDC: Four Core Actions

Four Core Actions to Fight Resistance

PREVENTING INFECTIONS, PREVENTING THE SPREAD OF RESISTANCE



Avoiding infections in the first place reduces the amount of antibiotics that have to be used and reduces the likelihood that resistance will develop during therapy. There are many ways that drug-resistant infections can be prevented: immunization, safe food preparation, handwashing, and using antibiotics as directed and only when necessary. In addition, preventing infections also prevents the spread of resistant bacteria.

TRACKING



CDC gathers data on antibiotic-resistant infections, causes of infections and whether there are particular reasons (risk factors) that caused some people to get a resistant infection. With that information, experts can develop specific strategies to prevent those infections and prevent the resistant bacteria from spreading.

IMPROVING ANTIBIOTIC PRESCRIBING/STEWARDSHIP





Perhaps the single most important action needed to greatly slow down the development and spread of antibiotic-resistant infections is to change the way antibiotics are used. Up to half of antibiotic use in humans and much of antibiotic use in animals is unnecessary and inappropriate and makes everyone less safe. Stopping even some of the inappropriate and unnecessary use of antibiotics in people and animals would help greatly in slowing down the spread of resistant bacteria. This commitment to always use antibiotics appropriately and safely—only when they are needed to treat disease, and to choose the right antibiotics and to administer them in the right way in every case—is known as antibiotic stewardship.

DEVELOPING NEW DRUGS AND DIAGNOSTIC TESTS



Because antibiotic resistance occurs as part of a natural process in which bacteria evolve, it can be slowed but not stopped. Therefore, we will always need new antibiotics to keep up with resistant bacteria as well as new diagnostic tests to track the development of resistance.

The critical role of the staff nurse

- Antibiotic first responders
- Central communicators for the multidisciplinary care team
- Coordinators of patient care
- 24-hour monitors of patient status, safety, and response to antibiotic therapy

Nursing Interventions

- Ensure that cultures are drawn <u>before</u> antibiotics are started so that there's guidance for effective antibiotic therapy
- <u>Timely administration</u> of first-dose antibiotics.
- Patient monitoring
 - Patient response to antibiotics
 - Laboratory results
 - Microbiology culture and sensitivity reports
 - Adverse effects



- Being a patient advocate for appropriate antibiotic use
 - Ensuring good hand hygiene and isolation practices to decrease risks of infection and the spread of infections
 - If no signs of infection, ask providers/pharmacists if antibiotics are really needed and if they can be stopped
 - Asking if antibiotics can be tailored based on culture and sensitivity results
 - Advocating for IV to PO conversions

Antimicrobial Stewardship at Salinas Valley Memorial Healthcare

- SVMH has developed a multi-disciplinary, evidencebased stewardship program
- SVMH's team
 - Infectious Disease specialists
 - Pharmacy
 - Microbiology
 - Infection Prevention
 - Nursing
 - Quality Improvement
 - Informatics

Pharmacist managed antibiotic dosing and blood levels

Antibiotic	Blood level timing	Therapeutic goal mcg/mL	Toxic level mcg/mL	notes
IV Vancomycin	1 hour before next dose	10-15	>20	Levels are not indicated for Oral vancomycin formulation
Gentamicin Tobramycin	Trough-30 minutes before next dose Peak-30 minutes after end of infusion	Trough <1 Peak varies depending on indication 4-6 Up to 8-12	Trough>2	Trough for extended infusion; Peak and trough for conventional dosing
Amikacin	Trough-30 minutes before next dose Peak-30 minutes after end of infusion	Trough 1-8 Peak 20-30		

SVMH Stewardship Interventions

- Pre-authorization of restricted and broad-spectrum antibiotics
- Audit and feedback
 - ICU multidisciplinary rounds
 - House-wide antibiotic reviews with ID and pharmacy
 - Pharmacy review of cultures and sensitivity results
- Rapid testing of blood cultures that yields results within hours (Verigene)
- IV to PO conversions
- Informal and formal ID consults generated from stewardship
- Pharmacokinetic dosing and monitoring of high-risk antimicrobials

Strategies for Improved Antimicrobial Prescribing



- Ensure antibiotics are indicated
- Select an appropriate antibiotic with a narrow spectrum if possible, to minimize collateral damage
- Ensure that antibiotic durations are evidence-based and take into account clinical response. Use the shortest appropriate length of therapy
- 4. Remember to **re-evaluate** therapy based on culture results, laboratory data, clinical status, etc. **De-escalate** therapy, convert IV to PO, and discontinue therapy when appropriate

Are Antibiotics Needed?

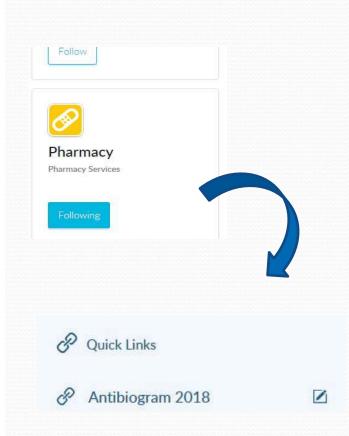
Illness	Usua	Cause	Antibiotic
	Viruses	Bacteria	Needed
Cold/Runny Nose	1		NO
Bronchitis/Chest Cold (in otherwise healthy children and adults)	1		NO
Whooping Cough		1	Yes
Flu	1		NO
Strep Throat		1	Yes
Sore Throat (except strep)	1		NO
Fluid in the Middle Ear (otitis media with effusion)	1		NO
Urinary Tract Infection		1	Yes

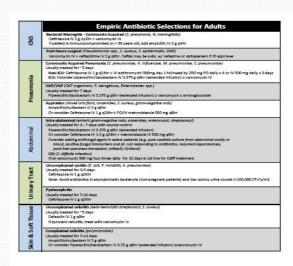
For <u>Clean Surgeries</u>, Avoid Continuing Prophylactic Antibiotics after Surgical Closure

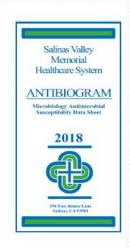
- Surgeries are generally considered "clean" if respiratory, alimentary, genital, or urinary tracts are not entered
- Examples of clean procedures that usually do not require continuing antibiotics after the procedure: orthopedic surgeries, ophthalmic surgeries, plastic surgeries, laminectomies, spinal fusions, pacemaker surgeries, etc.
- Exclusions (cases that may require post-op antibiotics)
 - Non-clean cases in which respiratory, alimentary, genital or urinary tracts are entered
 - Cardiothoracic surgeries
 - Antibiotics not used for peri-operative prophylaxis (e.g. initiated for treatment of active infections)

SVMH Antibiogram

- Includes SVMH antibiotic susceptibility information, empiric therapy recommendations, tailored therapy recommendations for Verigene results, and antibiotic stewardship clinical pearls
- Available on STARnet Pharmacy Page, in physician's lounge, or contact Microbiology Department for a copy







								1	Data i	ntib s Pe	iogra: rcent	Susce	ptibl	e											
		Total No. Isolates	AMPICILIN	AMPICIUN- SULBACTAM	CENZOLIN	CEFFAZIDIME	CETTRAXONE	CUNDAMYCIN	CO-TRIMOXAZOLE	ERYTH ROMYCIN	GENTAMICIN	GENTAMION 120	LEVOFLOXACIN	MINOCYCLINE	NITROFURANTOIN	METHICILLIN	PENICILIN - ORAL	PENCILLIN-IV	STREPTOMYCIN	TETRACYCLINE	TOBRAMYCIN	PHERACIUM- TAZORACTA M	VANCOMYCIN		
\Box	ORGANISM		AM	SAM	CZ	CAZ	CRO	CC	SXT	E	GM	GMI	LVX	MI	FD#	M	PO	PIV	STI	TE	NN	TZP	W		
	CITROBACTER	78	9	3	-32	87	67	0 3	85	3	96	6 8	96		87	9 0				9	95	89			
	ENTEROBACTER	140	1000	100		86	86	3 3	93		96	3 3	94		20	8 0				0 8	97	82			
i	E. COU	1688	54	62	79	87	87	S 8	73		88	S	76	:==	95	S				10	87				
ξ	KLEBSIELLA	322		86	88	93	93		90		94		95		32						93	95			
ŝ	P. MIRABNIS	177	86	92	92	94	94	0 3	74	8	90		76							0.0	91	99			
ö	S. MARCESCENS	29	9.00	100	. " 8	100	100	0 0	100		100	3 %	97	3		8 %				0 8	- 97	100	8		
-1	P. AERUGINOSA	169				86					95		84								97	91			
2	ENTEROCOCCUS	335	94	- 3			× .	2			10	65	77		. 94	0			90	SS	- 3		9		
100	S. ALIREUS	467	N 76	- 3				80	97	į.	100		10000		200	67	- 3			94	- 3		1,0		
É	S. AGALACTIAE	126						41		34							100	100					10		
ŝ	S. PNEUMONIAE	40	8 8	- 3			100	8 3	78	.79		8 8	98		8	8 3	88	88		8	3	1 2	10		
	Clic	ical Pea	ris					_	Veriev	ne Re	sult Re	comm	endati	ons			т	Con	sider u	sing Po	O inste	ad of I	v		
• 8	patients clinically resp.	and to ther	NOV, USA			Ger	us .	- 2	Species Resistance Markets Treatment of Choice			pice	\neg	formulations for the followin											
	recommended duration			uce rtak at		8	- 3		mneus	- 3	Aceth-	MSSA		Cefessol	in or rafe	din				antibio			•		
٠.	void all proton pump in			managem	ert.	Staphyl	morel	5.0	nureus		+mecA	MRSA			ncomych	+LV				antibio	rucs:				
	non-pregnant and nor	ant and non-neutropenic patients, avoid			112677	777		dermid		-macA	MSSE			inant if o			20211050								
antiblotics for asymptomatic bacteruris and low colony urine counts (< 100,000 CFU's/mi). Take into account						_	- 5			-	+mecA	MRSE	cx po		not tres							oavailat			
	uninalysis results.	a cra ann							nnes (Grg			- 4	Feolofilin, cefspolin			-	Clindamycin (*90% oral bioavailability)								
Double-anserobic coverage is not needed; pip/tazo (Zonyn), amp/sulbactam (Unasyn), and carbaceners; have great											rtiae (Gr				Bert		lin, cetas elettin, e			Doxycyc	tine /"	90% ora	i bioav	ailabilit	y)
	ang/subactam (Unas	yn), and ca	rospene	uce pave E	reat:	2000	2000000000		namu gr		200	2017	7412		trisonne	The same		Hucona	zole (>s	10% ora	d bioav	ailabilit	y)		
	or 5 pureur bacterents					Enterol	scher-		roteur no		-CTX-M	1200		Cw	triscone			Levofloxacin (*99% oral biogvailability)							
Double gram-negative coverage usually not needed based on our succeptibility data. If used, de-escalate with final sensitivities result.				bece			eumonia		CTX-M	-ESBL				inezoli	1/~100	% oral l	hinavai	(ability)							
					100	iseculiu	. 12	VenA/B	(2)(1)(2)(2)	133	h	maldilin	1000						dollaro						
	Avoid Quinolones unles						- 5	: 6-3	decata		VanA/B	WRE	Dage	to or line	solid w/C	approvi						ailabilit			
	treatment options in a	ncomplica	ted respi	mstory) urt	nary	Entero	escei			E	VanA/B		-	Ac	maldilin	The state of the s		Sulfame					71		
* A	void quinciones due to hypoglycensia, and D		risks of a	ordic rupt	um,			E.J	arcium		VenA/B	VRE	Dapt	to or line	solid w/C	approvi		90-100				NO.			

Tailored Therapy Based on Verigene

- New molecular blood culture test implemented at SVMH
- Rapidly identifies gram-positive and gram-negative bacteria in a few hours
- Improved turnaround time of blood culture tests by 30-40 hours compared to standard methods
- These tests, when acted upon in a timely manner, have been shown to improve patient outcomes (decreased lengths of stay, cost-savings)

Verigene

- Verigene detects 12 different gram-positive and 8 gramnegative organisms as well as genetic markers for antibiotic resistance
- Differentiates methicillin-sensitive staphylococcus aureus (MSSA) from methicillin-resistant Staphylococcus aureus (MRSA) by identifying the resistance-conferring mecA gene
- Differentiates vancomycin-sensitive Enterococci from vancomycin-resistant Enterococci (VRE)
- Detects genetic resistance markers such as those associated with extended-spectrum beta-lactamases (ESBL)

Verigene Result Recommendations					
Genus	Species	Resistance	Markers	Treatment of Choice	
	C mumaus	-mecA	MSSA	Cefazolin or nafcillin	
Ctambulasasi	S. aureus	+mecA	MRSA	Vancomycin	
Staphylococci	C - mid- maidi-	-mecA	MSSE	Possible contaminant if only one blood	
	S. epidermidis	+mecA	MRSE	cx positive. If not, treat w/ vanco	
	S. pyogenes (Grp A)	·	∃ å	Penicillin, cefazolin	
Ctuanta anai	S. agalactiae (Grp B)	_	-	Penicillin, cefazolin	
Streptococci	S. anginosus grp	-		Penicillin, ampicillin, ceftriaxone	
	S. pneumoniae	-	-	Ceftriaxone	
Enterobacter-	E.coli, Proteus	-CTX-M	-	Ceftriaxone	
eceae	K. pneumoniae	+CTX-M	+ESBL	Meropenem w/ ID approval	
	E fancalis	-VanA/B		Ampicillin	
F-4	E. faecalis	+VanA/B	VRE	Dapto or linezolid w/ID approval	
Enterococci	F. 6	-VanA/B	-	Ampicillin	
	E.faecium	+VanA/B	VRE	Dapto or linezolid w/ID approval	

Intravenous to Oral Therapy

Converting IV to PO maintains efficacy while

- Supporting earlier ambulation
- Decreasing complications from IV lines (thrombophlebitis, infections)
- Decreasing lengths of stay
- Decreasing equipment and drug costs
- Saving personnel time (nursing administration time, pharmacy compounding time)

IV to PO Conversions

Patients can be considered for IV to PO conversions when they are:

- Taking other oral medications
- Improving clinically (normal vital signs, hemodynamically stable, improving WBC, etc.)
- Have no conditions that might affect GI absorption of medications (e.g. persistent nausea/vomiting, ileus, active GI bleed, etc.)

Examples of IV to PO Conversions

Sequential Therapy (same agent but Step-Down changing from IV to PO dosage form (conversion with the same or orally equivalent dose)

Step-Down Antimicrobial Therapy (conversion to a different agent that offers a similar spectrum of activity)

- Azithromycin (35-50% oral bioavailability but has excellent distribution to the lungs)
- Clindamycin (~90% oral bioavailability)
- Doxycycline (~90% oral bioavailability)
- Famotidine (~50% oral bioavailability)
- Fluconazole (>90% oral bioavailability)
- Levofloxacin (~99% oral bioavailability)
- Levothyroxine (~50% oral bioavailability)
- Linezolid (~100% oral bioavailability)
- Metronidazole (~80% oral bioavailability)
- Pantoprazole (~80% oral bioavailability)
- Rifampin (~90-95% oral bioavailability)
- Sulfamethoxazole/trimethoprim
 (90-100% oral bioavailability)

- Ampicillin → amoxicillin
- Ampicillin/sulbactam → amoxicillin/clavulanate
- Aztreonam → ciprofloxacin or levofloxacin
- Cefazolin → cephalexin
- Cefotaxime or ceftriaxone →
 cefpodoxime or cefuroxime axetil
- Ceftazidime or cefepime → ciprofloxacin or levofloxacin
- Piperacillin/tazobactam →
 levofloxacin + metronidazole,
 or
 levofloxacin +
 amoxicillin/clavulanate

Shorter Durations of Therapy

 Recent studies have shown that shorter antibiotic courses often work just as well, and may be preferred to longer courses due to a reduced risk of developing resistance and developing superinfections

INFECTIONS	DIAGNOSTIC CONSIDERATIONS	EMPIRIC THERAPY	DEFINITIVE THERAPY Tailor to culture results and define duration, including discharge prescription.
Skin and soft tissue infection	Develop diagnostic criteria to distinguish purulent and non-purulent infections and severity of illness (i.e., mild, moderate and severe) so that skin and soft tissue infections can be managed appropriately according to guidelines.	Avoid empiric use of antipseudomonal beta-lactams and/or anti-anaerobic agents unless clinically indicated. Use of therapy specific for MRSA may not be necessary in uncomplicated non-purulent cellulitis (53).	Guidelines suggest that most cases of uncomplicated bacterial cellulitis can be treated for 5 days if the patient has a timely clinical response (53)

INFECTIONS	DIAGNOSTIC CONSIDERATIONS	EMPIRIC THERAPY	DEFINITIVE THERAPY Tailor to culture results and define duration, including discharge prescription.
Community- acquired pneumonia(54)	Review cases after initiation of therapy to confirm pneumonia diagnosis versus non-infectious etiology.	Avoid empiric use of antipseudomonal beta- lactams and/or MRSA agents unless clinically indicated.	Guidelines suggest that in adults, most cases of uncomplicated pneumonia can be treated for 5 days when a patient has a timely clinical response (55,56). Data also suggest that negative results of MRSA nasal colonization
			testing can help guide decisions to discontinue empiric therapy for MRSA pneumonia (57)

INFECTIONS	DIAGNOSTIC CONSIDERATIONS	EMPIRIC THERAPY	DEFINITIVE THERAPY Tailor to culture results and define duration, including discharge prescription.
Urinary tract infection (UTI)	Implement criteria for ordering urine cultures to ensure that positive cultures are more likely to represent infection than bladder colonization (58). Examples include: Order a urine culture only if the patient has signs and symptoms consistent with UTI such as urgency, frequency, dysuria, suprapubic pain, flank pain, pelvic discomfort or acute hematuria. For patients with urinary catheters, avoid obtaining urine cultures based solely on cloudy appearance or foul smell in the absence of signs and symptoms of UTI. Nonspecific signs and symptoms such as delirium, nausea and vomiting should be interpreted with caution as, by themselves, they have a low specificity for UTI.	Establish criteria to distinguish between asymptomatic and symptomatic bacteriuria. Avoid antibiotic therapy for asymptomatic bacteriuria except in certain clinical situations where treatment is indicated, such as for pregnant women and those undergoing an invasive genitourinary procedure.	Use the shortest duration of antibiotic therapy that is clinically appropriate.

Reducing Clostridium Difficile Infections

- Prevention
 - Hand hygiene
 - Isolation
 - Environmental decontamination
- Improve prescribing
 - Minimize the use of excessively broad-spectrum antimicrobials when treating infections to lessen the disruption of gastrointestinal normal flora. Minimize the use of drugs commonly associated with c. diff (clindamycin, levofloxacin and other fluoroquinolones, etc.)
 - Minimize antibiotic exposures to the shortest reasonable duration
 - Avoid gastric acid suppression, such as with Proton-Pump-Inhibitors, unless clinically indicated (e.g. mechanical ventilation, coagulopathy, high dose corticosteroids, sepsis, history of GI bleed, traumatic brain, spinal cord, or burn injury, etc.)



Hospital Physician Orientation - Chest Pain / Acute Myocardial Infarction

In-Patient Code STEMI ProcessSee *IN-PATIENT CODE STEMI PROCESS*

Performance MeasuresSee **Chest Pain Program Performance Measures**

American College of Cardiologists MI Registry Requirements for AMI Population See ACC – MI & GWTG – CAD Registry Core Measures

This reviews all In-Patient and Discharge measures that need to be met for this population.

Chest Pain/ACS (AMI) / CDU Chest Pain Admission Order Sets

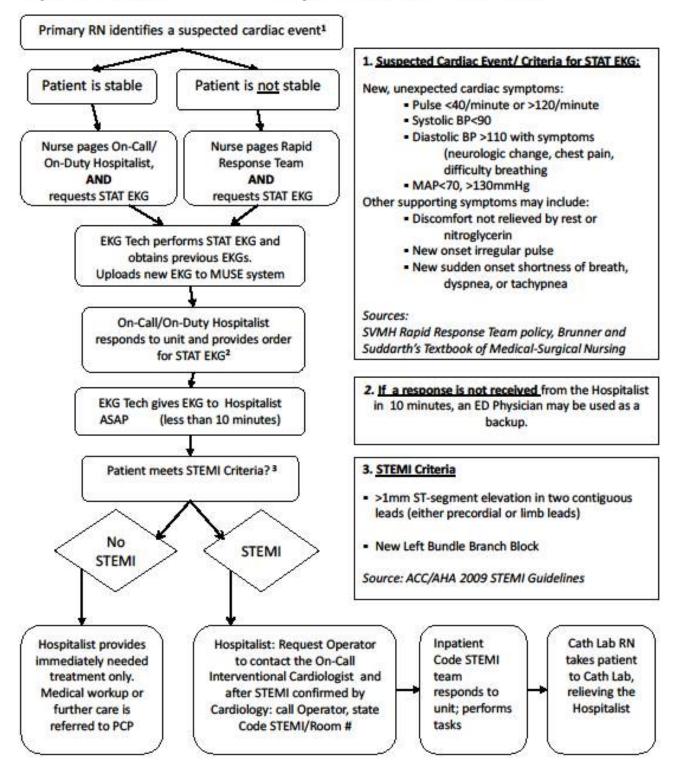
Order set contains orders that are required for program.

Please leave all pre-checked. If you do uncheck an order, please document a contraindication for that order

For all AMI Order Sets

Click on "Orders" tab on the right Click on "New Sets" at the top In search bar, type in "AMI" Policy: Code STEMI Team

Attachment C



Chest Pain Program Performance Measures

All Performance Measures are reported to The Joint Commission during yearly review and Bi-annual re-certification. The listed performance measures have been approved as SVMH Performance Indicators

Measure	Description	Rationale
Cardiac Rehab Attendance	Cardiac Rehab attendance by all primary diagnosis AMI patients discharged to home without a contraindication to Cardiac Rehab.	The participation in Cardiac Rehab services after an Acute Myocardial Infarction teaches and encourages the adherence to a medication regimen, a heart healthy diet, and exercise plan that work to promote cardiac wellness. Attendance to Cardiac Rehab promotes healthy habits and medication compliance, which can decrease hospital readmission rates.
Lifestyle Change Goals	Education and documentation of patients' choice and verbalization of a lifestyle change goal throughout hospital stay for patients with primary diagnosis of AMI.	A change in lifestyle is essential for all patients who suffer an AMI. Breaking an unhealthy, bad habit or starting a new healthy habit creates a manageable and attainable goal. Allowing patients to choose their lifestyle change goal encourages participation in their care and promotes self-management of health. Patient participation helps increase adherence to prescribed interventions and can decrease hospital readmissions.
Beta-Blocker at Discharge	Order for Beta-blocker provided for patient upon discharge for patients with primary diagnosis of AMI. *Contraindications must be clearly documented	Beta-blockers have proven to be an effective secondary prevention after an AMI. They have an effect on myocardial oxygen demand by reducing heart rate, blood pressure, and contractility. Additionally, by prolonging diastole, coronary perfusion is improved. Ensuring that a beta-blocker is ordered at discharge reduces the risk of cardiovascular events and hospital readmission.
Statin at Discharge	Order for Statin provided for patient upon discharge for patients with primary diagnosis of AMI. *Contraindications must be clearly documented	AMI patients are at high risk for recurrent cardiovascular events. In multiple trials, statins have succeeded in reducing cardiovascular events, such as recurrent MI, cerebrovascular events, and heart disease death. Statins have been able to achieve this by slowing the progression of coronary atherosclerosis and possibly causing regression of plaque. Ensuring that a patient is discharged on a statin reduces their risk of cardiovascular events and hospital readmission.

American College of Cardiology Chest Pain - MI Registry & Get With The Guidelines - CAD Core Measures

AMI patient placement: Heart Center, 1 Main, ICU, 5 Main (OCU)

On the basis of research findings generated from clinical investigation, those interventions are supported by the highest level of evidence. In order to guide clinical care, the following are recommended guidelines for care of the acute stroke patient.

If any of these guidelines are contraindicated based on the individual needs or condition of the patient, please document the rationale in the medical record.

	INPATIENTS				
	Aspirin within 24 Hours of Arrival	Require documentation of administration within 24 Hours of Arrival (Door) Time or clear, written documentation of contraindication			
	Evaluation of Left Ventricle (LV) Systolic Function	Require documentation of LV EF% during inpatient admission or clear, written documentation of contraindication or reason for not obtaining			
ST Elevated and Non-ST Elevated		Requires an electronic referral to Cardiac Rehab during admission that shows reason for admission or clear, written documentation of contraindication.			
Myocardial Infarctions	Cardiac Rehab Electronic Referral	This is done automatically if using AMI related order sets through "Consult Cardiac Rehab"			
		Answer "Yes" to "Refer to Cardiac Rehab?" if prompted when discharging patient. If "No" selected, rehab will not be able to use referral, causing fallout.			
	Cardiac Rehab Information and Education	Requires clear, written documentation of Cardiac Rehab information/education provided to patient during admission or documentation of contraindication.			
	DISCHARO	GE CONTRACTOR OF THE CONTRACTO			
	Aspirin at Discharge	Requires prescription of medication, for all AMI patients with or without revascularization, at discharge with instruction of usage or clear, written documentation of contraindication			
ST Elevated and Non-ST Elevated Myocardial	P2Y ₁₂ Inhibitor at Discharge	Requires prescription of medication, for all AMI patients with or without revascularization, at discharge with instruction of usage or clear, written documentation of contraindication			
Infarctions	Beta-Blocker at Discharge	Requires prescription of medication at discharge with instructions of usage or clear, written documentation of contraindication			
	Statin at Discharge	Requires prescription of medication at discharge with instructions of usage or clear, written documentation of contraindication			
	ACE-I or ARB for LVSD at Discharge	Requires prescription of medication at discharge with instructions of usage IF LV EF% is < 40% or clear, written documentation of contraindication			

Chest Pain Order Set Allergies: □ No Known Drug or Food Allergies **Admission** Allergies: _____ Admitting Physician: __ Attending Physician: _ Type of Reaction: ☐ Admit to Inpatient Allergies: Estimated Length of Stay (Days): 2 or Type of Reaction: Level of Care: □ General Care Diet □ NPO ☐ Progressive Care - Monitored □ NPO except Meds □ Critical Care - Monitored □ PO Tray: □ Clear Liquids □ Observation □ Full Liquids Level of Care: □ Heart Healthy □ Heart Healthy Carb Controlled □ General Care ☐ Carb Controlled Diet 30-45gmCHO per meal □ Progressive Care - Monitored ☐ Carb Controlled Diet 45-60gmCHO per meal ☐ Carb Controlled Diet 60-75gmCHO per meal Clinical Diagnosis - Cardiology: □ Renal (Non-Dialysis) ☐ Acute Coronary Syndrome □ Renal (Dialysis) ☐ Chest Pain □ Diet: ☐ Unstable Angina ☐ Non – Q wave MI **Nursing Orders** □ STEMI Vital Signs □ Non-STEMI ☑ Vital signs per unit protocol Primary Diagnosis: ☑ Weigh patient daily in am ☑ Intake and Output Secondary Diagnosis: **Activity** □ Activity-Bedrest Condition: □ Activity-Bedrest with BRP □ Activity - Up to Chair □ Stable □ Fair ☐ Activity - Up Ad Lib □ Guarded □ Critical Interventions □ IV Insert and Maintain Significant Coexisting Conditions: ☐ Central Line Access/Maintain [] Diabetes [] Hypertension □ Transport - Monitored [] Renal Impairment [] Liver Disease ☐ Transport – Non-Monitored [] Cardiovascular Disease [] Chronic Lung Disease ☑ MD to RN Communication: Complete the Troponin Anginal Classification within past 2 weeks: Q2H x 3 series if initiated in ED for a total of 3 □ CCS I results. Complete EKG Q2H x 3 series if initiated □ CCS II in ED with the repeat EKGs timed 2 and 4 hours □ CCS III □ CCS IV after the initial. Heart Failure (NYHA) within past 2 weeks: Contingency □ CLASS I □ Notify MD if chest pain unrelieved by Nitroglycerine □ CLASS II □ CLASS III (if ordered) □ CLASS IV **Education Resuscitation Status** □ Education, smoking cessation ☐ Full Code ☐ Limited Code Respiratory ☐ No Code □ Oxygen Delivery / Oximetry/Protocol Discussed this with to keep Sat greater than 92% □ Patient ☐ Family **Laboratory** I spoke with the patient and he/she has designated Chemistry as his/her surrogate decision maker for this hospitalization □ CMP AM Lab Implementation of this order requires completion of ☐ CPK Index Panel now and repeat every 8 hrs times 'Limits on Patient Resuscitation & Treatment " orders.

☐ HemoglobinA1C -routine☐ Lipid panel AM Lab

☐ Resuscitation Order Set *(use if Limited/DNR)*

□ Mg AM Lab	
□ Troponin AM LAB□ Troponin Stat and Q 2 Hrs x 2 if not done in ER and	Choose Medication or Contraindication
patient not yet diagnosed as STEMI or NSTEMI Troponin repeat once hrs after initial Troponin	Enoxaparin Black Box Warning - Spinal/Epidural Hematoma Risk with Spinal Catheter Physician Actions: May give enoxaparin at least 2 hours after
Coagulation	epidural removal. Hold prophylactic doses 12 hours PRIOR to
□ PTT now □ PT and INR now	insertion of epidural. Hold treatment doses 24 hours PRIOR to insertion of epidural.
Hematology	Enoxaparin
□ CBC,with Automated Diff -AM Lab	☐ 40 mg SubQ once a day ☐ 30 mg SubQ once a day - For CrCL less than 30
Mail Outs	ml/min
☐ Myoglobin now	Fondaparinux Black Box Warning
<u>Diagnostic Tests</u> <i>Echocardiogram Reason:</i>	 Spinal/Epidural Hematoma Risk with Spinal Catheter Physician Actions: May give fondaparinux at least 2 hours after epidural removal. Hold doses 48hours PRIOR to insertion of epidural.
To be read by Dr:	Fondaparinux
□ 2D Adult Cardiac Echo □ Stress Echo W Exercise □ Stress Echo W Pharmacological	□2.5 mg SubQ once a day Contraindicated if CrCL less than 30 mL/min
☐ Stress Echo W Pharmacological	Heparin
	 □ 5,000 unit SubQ every 8 hours □ 5,000 unit SubQ every 12 hours - If Wt < 50 Kg and/or Age > 75 yrs □ 5,000 unit SubQ Q24Hr - Nephrology/Renal Failure
Electrocardiogram	repinology, Renal Fanale
Reason: To be read by Dr:	Anticoagulation CONTRAINDICATIONS Meaningful Use Required if no prophylaxis
EKG Electrocardiogram(12 Lead) ☑ EKG Stat for new onset chest Pain □ EKG Routine at For STEMI or NSTEMI patients □ Electrocardiogram (12 Lead) repeat 2 hours and 4 hours after initial EKG if not already completed from ED order: For Unstable Angina patients	 □ Drug Interaction □ History of Drug Allergy □ Medical Contraindication □ Refused IV Fluids □ D5 NS 40 mL/Hr IV Infusion
☐ EKG Q 30 Minutes Ongoing Chest Pain	□ D5 NS 100 mL/Hr IV Infusion for a total of 1 L, then saline lock.
Nuclear Medicine Reason:	D5 NS mL/Hr IV infusion for a total ofL, then saline lock.
To be read by Dr:	□ NS 40 mL/Hr IV infusion
□ NM Lexiscan Stress Test w Perf -routine	□ NS 100 mL/Hr IV infusion for a total of 1 L, then saline lock.
□ NM Pulm Perfusion (Lung Scan) -routine	□ NS mL/Hr IV infusion for a total of L, then saline lock.
Radiology □ XR Chest 1 View – routine - <i>if not obtained in ED</i>	<u>Medications</u>
Reason:	Angiotensin-Converting Enzyme Inhibitors
Consults ☐ Consult Case Management -routine ☐ Consult Physical Therapy - Evaluate and Treat -Cardiac Rehab -Phase I -routine	Contraindications ☐ Pregnancy ☐ Sensitivity to ACE inhibitors ☐ Angioedema Cautions
□ Consult to Social Services –routine	☐ Renal insufficiency
*If ordering VTE Prophylaxis, initial dose must be administered within 24 hours of anesthesia end time.	☐ Renal artery stenosis☐ Hepatic impairment☐ Other:
VTE Pharmacological Prophylaxis	Captopril
□ VTE Low Risk No Prophylaxis Needed	☐ 6.25 mg orally 3 times a day
□ VTE Mechanical Device	☐ 12.5 mg orally 3 times a day

Lisinopril	□ No Med Admin Contraindicated
☐ 5 mg orally once a day	☐ Medication Refused
Ramipril	☐ Pt Noncomp Refuse Int/sup
☐ 1.25 mg orally once a day	☐ Pt Noncomp - General
☐ 2.5 mg orally once a day	☐ Refusal of Tx by Patient
☐ 5 mg orally once a day	☐ Medical Contraindication
□ 10 mg orally once a day	☐ Surgical Contraindication
	☐ Adver React Lipid-Lowerin
Annietonein December Blackers	☐ Conduction Heart Disorder
Angiotensin Receptor Blockers	☐ Hepatic Failure
Contraindications	☐ Inflammatory Liver Disease
☐ Pregnancy	☐ Hypoglycemia
☐ Sensitivity to ARBs	☐ Rectal Hemorrhage
Cautions	☐ Rhabdomyolysis
□Renal insufficiency	☐ Clinical Trial Participan
□ Renal artery stenosis	☐ Patient in Clinical Trial
☐ Hepatic impairment	□ Palliative Care
☐ Other:	☐ Spec Palliative Care Tx
and a sythem	☐ Comfort Measures
candesartan	☐ Comfort Care Management
□ 8 mg orally once a day	☐ Support
☐ 16 mg orally once a day	□ Adm to Palliative Care
☐ 32 mg orally once a day	
locautou	☐ Atorvastatin 20 mg tab PO once a day
losartan	☐ Atorvastatin 40 mg tab PO once a day
☐ 25 mg orally once a day	☐ Simvastatin 20 mg tab PO once a day
☐ 50 mg orally once a day	☐ Simvastatin 40 mg tab PO once a day
valsartan	Nitrotos
☐ 40 mg orally 2 times a day	<u>Nitrates</u> □ Nitroglycerin 2% topical ointment
□ 80 mg orally 2 times a day	0.5 inch applied topically every 6 hours off
Anticonquiante	midnight to 6 am.
Anticoagulants A Must use Anticoagulation Order Set	Hold for SBP less than 90 mmHg.
 Must use Anticoagulation Order Set 	_
Data Blackers	□ Nitroglycerin 2% topical ointment
Beta-Blockers	inch applied topically
Contraindications	every hours.
☐Sinus Bradycardia, HR < 45	Hold for SBP less than 90 mmHg.
☐ Heart block (3°/2° type 2)	
☐ Heart failure, uncompensated	Mituaglycasia 0.4 mg Cl. ayany E minutas
☐ Cardiogenic shock	□ Nitroglycerin 0.4 mg SL every 5 minutes
Cautions	for 3 doses PRN chest pain .
☐ Peripheral vascular disease, severe	Notify physician: if chest pain unrelieved after 3 nitroglycerin.
☐ Bronchospasm/severe COPD	uncor o merogrycermi
□ atenolol 50 mg orally once a day	Platelet Inhibitors
Carvedilol	 Aspirin 81 mg CHEW ONCE
☐ 3.125 mg orally 2 times a day, with meals	 Aspirin 81 mg CHEW DAILY
☐ 6.25 mg orally 2 times a day, with meals	
Metoprolol tartrate ORAL	☐ Aspirin 162 mg CHEW ONCE
□ 50 mg orally 2 times a day	 Aspirin 162 mg CHEW DAILY
☐ 100 mg orally 2 times a day	☐ Aspirin 324 mg Chew ONCE
	- Aspirin 324 ing chew once
Metoprolol tartrate IV	☐ Aspirin 325 mg PO DAILY
□ 5 mg IV push once	
	<u>Analgesics</u>
FOLLOWED BY 2.5 mg IV push Q5mins X 2.	Pain Scale:
Hold for HR less than	1-3 Mild Pain; 4-6 Moderate Pain; 7-10 Severe Pain
or SBP less than	Max dose Acetaminophen 4000 mg 24 hours
□ 2.5 mg IV push once	☐ Acetaminophen 650 mg PO Q4H PRN mild pain
FOLLOWED BY 2.5 mg IV push Q5mins X 2.	LIMIT: 4000mg / 24 hours
Hold for HR less than	Linit: 4000mg / 24 nours
or SBP less than	☐ HYDROcodone-acetaminophen 5 mg-325 mg
Lipid Lowering Agents	tab
Contraindications - Statin Medications	1 tablet PO Q4H PRN moderate pain
□ Statins Contraindicated	Max dose Acetaminphen 4000 mg 24 hours
□ Statin Not tolerated	☐ Morphine 2 mg IV every 5 minutes PRN

moderate chest pain. Limit 3 doses in one ☐ **Morphine** 4 mg IV every 5 minutes PRN severe chest pain. Limit 3 doses in one hour. **Antiemetics** □ **ondansetron** 4 mg IVP every 4 hours PRN nausea May repeat times one within 4 hours. Max 3 doses in 24 hours **Anti-ulcer Agents** □ alum-mag hydroxide-simeth 200 mg-200 -20 mg/5 mL oral susp(Mylanta) 15 mL PO every 6 hours PRN dyspepsia ☐ **faMOtidine**(Pepcid) 20 mg tablet PO 4 times a day, after meals and at bedtime PRN indigestion pantoprazole Note interaction with Clopidigrel pantoprazole 40 mg tablet PO once a day

Sedatives

□ **Zolpidem** 5 mg PO once a day, at bedtime PRN insomnia May repeat times one.

pantoprazole 40 mg IV once a day

Acute Coronary Syndrome Allergies: **Admission** Type of Reaction: _____ Admitting Physician: _____ Attending Physician: _ **Diet** \square Admit to Inpatient □ Nothing by Mouth Estimated Length of Stay (Days): 2 or □ NPO Except Meds Level of Care: □ NPO After Midnight □ PO / TRAY: □ General Care ☐ Clear Liquid Diet □ Progressive Care - Monitored ☐ Full Liquid Diet ☐ Critical Care - Monitored ☐ Heart Healthy Diet ☐ Observation ☐ Heart Healthy Carb Controlled Diet Level of Care: ☐ 30 - 45 gm CHO/meal □ 45 - 60 Gm CHO/meal □ General Care ☐ 60 - 75 gm CHO/meal □ Progressive Care - Monitored □ Renal Non Dialysis ☐ Critical Care - Monitored ☐ Renal Dialysis (4Na60KLPho) **Clinical Diagnosis - Cardiology:** ☐ Acute Coronary Syndrome **Nursing Orders** ☐ Chest Pain Interventions ☐ Unstable Angina ☑ Vital Signs □ Non – Q wave MI ☑ Intake and Output ☐ STEMI Activity Bedrest □ Non-STEMI Activity Bedrest with BRP Primary Diagnosis: Activity Up Ad Lib П Activity Up to Chair Secondary Diagnosis: ☑ Weigh - DAILY in AM □ IV Insert Condition: ☐ Urinary Catheter Insert □ Stable □ Fair □ Transport Non Monitored ☐ Transport Monitored □ Guarded □ Critical □ Notify MD - Cardiologist for acute EKG changes; Anginal Classification within past 2 weeks: unrelieved Chest Pain; Plt Ct < 100,000 □ CCS I ☐ Complete the Troponin Q2H x 3 series if initiated in □ CCS II ED for a total of 3 results □ CCS III Education □ CCS IV ☑ Education, smoking cessation if history of smoking. Heart Failure (NYHA) within past 2 weeks: Respiratory □ CLASS I Oxygen Delivery / Oximetry / Protocol □ CLASS II **Laboratory** □ CLASS III Chemistry □ CLASS IV Basic Metabolic Panel **Resuscitation Status** □ Stat ☐ Full Code □ Routine □ Limited Code □ AM LAB □ No Code **B-Natriuretic Peptide** Discussed this with □ Stat □ Patient □ Routine ☐ Family □ AM LAB Comprehensive Metabolic Panel □ Stat ☐ I spoke with the patient and he/she has designated □ Routine □ AM LAB as his/her surrogate decision maker for this CPK Index Panel hospitalization □ Stat Implementation of this order requires completion of 'Limits on Patient Resuscitation & Treatment " orders. □ Routine ☐ Resuscitation Order Set (use if Limited/DNR) □ Q8H times 3 □ in AM Digoxin □ No Known Drug or Food Allergies □ Stat □ Routine Allergies: ___ □ AM LAB Electrolytes

Type of Reaction: _____

□ Stat	□ Stat
□ Routine	□ Routine
□ AM LAB	Stress Echo W Exercise
Hemoglobin A1c (HbA1c)	□ Stat
□ Stat	□ Routine
□ Routine	Stress Echo W Pharmacological
□ AM LAB	□ Stat
Hepatic Function Panel	□ Routine
□ Stat	
□ Routine	Cardio Stress Treadmill
□ AM LAB	□ Stat
Lipid Panel	□ Routine
□ Stat	
□ Routine	
□ AM LAB	Electrocardiogram
Magnesium	Reason:
□ Stat	EKG Electrocardiogram(12 Lead)
□ Routine	□ Stat
□ AM LAb	☐ Routine
Random Blood Glucose	☐ Q2H x 3 series if initiated in ED with
□ Stat	the repeat EKGs timed 2 and 4 hours after the initial
□ Routine	EKG
□ AM LAB	in AM
	☑ EKG Stat for New Onset Chest Pain
	☐ Repeat EKG Q 30 min. prn ongoing chest pain (Up
D 1D 1	to 4 consecutive ECGs; then stop; unless
Renal Panel	there is a change in patient condition, quality
□ Stat	or severity of pain)
□ Routine	□ EKG Routine at For STEMI or
☐ AM LAB	NSTEMI patients
Troponin I	☐ Electrocardiogram (12 Lead) repeat 2 hours
□ Stat	and 4 hours after initial EKG if not already
□ Routine □ AM LAB	completed from ED order: For Unstable Angina patients
☐ Q 2 H Times 3 (Count initial study if done in	Radiology
ED)	Reason:
□ Q8H times 3	XR Chest 1 View - if not done in ED
a gorrames s	□ Stat
Coagulation	□ Routine
PARTIAL THROMBOPLASTIN TIME	- Rodelite
□ Stat	Nuclear Medicine
□ Routine	Reason:
□ AM LAB	NM Lexiscan Stress Test W Perf
PROTHROMBIN TIME	□ Routine
□ Stat	NM Treadmill Stress W Perf
□ Routine	□ Routine
□ AM LAB	
Hematology	<u>Consults</u>
CBC, with Automated Diff	☐ Consult Case Management
_ Routine	Consult PT
☐ AM LAB	☐ Routine
 Platelet Count to be done 4 Hrs after Bolus 	□ POD 1
Dose of Integrilin IF GIVEN	□ Consult Social Services
Platelet Count	
□ Stat	VTE Prophylaxis
□ Routine	Magningful Usa Paguirad:
□ in AM	Meaningful Use Required:
<u>Diagnostic Tests</u>	Must choose one: Contraindication, Mechanical
<u>Echocardiogram</u>	Prophylaxis, or one Medication.
Reason:	VTE Prophylaxis CONTRAINDICATIONS
To be read by Dr:	Pharmacological/Mechanical
2D Adult Cardiac Echo	☐ Drug Interaction
□ Stat	☐ History of Drug Allergy
□ Routine	☐ Medical Contraindication
Echo Complete W Contrast	□ Surgical Contraindication

□ Refused	Other	
	<u>Medications</u>	
VTE Mechanical Prophylaxis	Aldosterone Antagonists	
□ VTE Mechanical Device /SCDs	Eplerenone (Inspra)	
VTE Mechanical Device contraindicated with DVT.	□ 25 mg PO DAILY	
☐ Anti-embolic Stockings Knee High	L 25 mg 1 0 DAIL1	
☐ Anti-embolic Stockings Thigh High	Spironolactone (Aldactone) ☐ 25 mg PO DAILY	
VTE Pharmacological Prophylaxis	Analgesics	
For hospitalized, acutely ill, general medical patients without	Acetaminophen (Tylenol) – Mild Pain (1-3)	
contraindications who are confined to bed and have additional	Max Acetaminophen from all	
risk factors for VTE, prophylaxis with LDUH, LMWH, or a factor Xa Inhibitor should be used.	sources = 4,000 mg/24 Hours	
Anticoagulation CONTRAINDICATIONS:	□ 650 mg PO Q4H PRN for mild pain	
* Lumbar Puncture or epidural anesthesia within 24 hours	HYDROcodone-acetaminophen (Norco)	
* Active Bleeding	5/325 mg - Moderate Pain (4-6)	
* Coagulopathy or thrombocytopenia	Max Acetaminophen from all	
* Significant renal insufficiency	sources = 4,000 mg/24 Hours	
* Allergy or complication related to antithrombotic	☐ 1 tab PO Q4H PRN for moderate pain	
* Uncontrolled Hypertension	Morphine – Moderate Chest Pain (4-6)	
* Presence/History of Heparin Induced Thrombocytopenia (HIT)	☐ 2 mg IV Q5M PRN for moderate chest pain	
* Recent intracranial or intraocular surgery	Limit 3 doses in one Hr.	
Recent intractantal of intraceatal Surgery	Morphine - Severe Chest Pain (7-10)	
If ordering pharmacologic VTE prophylaxis choose only	☐ 4 mg IV Q5M PRN for severe chest pain	
one med.	Limit 3 doses in one Hr.	
Initial dose must be administered within 24 hours of anesthesia end time.	Angiotensin Receptor Blockers	
Enoxaparin (Lovenox)	Contraindications	
Black Box Warning (BBW) - Spinal/Epidural Hematoma Risk	☐ Pregnancy	
Physician Actions:	☐ Sensitivity to ARBs	
* May give enoxaparin at least 2 hours after epidural	,	
removal.	Cautions	
* Hold prophylactic doses 12 hrs PRIOR to insertion of	☐ Renal insufficiency	
epidural	☐ Renal artery stenosis	
* Hold treatment doses 24 hrs PRIOR to insertion of epidural.	☐ Hepatic impairment	
Enoxaparin	☐ Other:	
☐ 40 mg SubQ DAILY ☐ 30 mg SubQ DAILY		
For CrCL less than 30 mL/min	Candesartan (Atacand)	
- TOT CICE 1633 CHAIT 30 THE THIN	☐ 4 mg PO DAILY	
Fondaparinux (Arixtra)	□ 8 mg PO DAILY	
Black Box Warning Spinal/Epidural Hematoma Risk	☐ 16 mg PO DAILY	
Physician Actions:	☐ 32 mg PO DAILY	
* May give fondaparinux at least 2 hours after epidural		
removal. * Hold desce 49 hours DRIOD to insertion of anidural cathoter	Losartan (Cozaar)	
* Hold doses 48hours PRIOR to insertion of epidural catheter.	☐ 25 mg PO BID	
Fondaparinux ☐ 2.5 mg SubQ once a day	☐ 25 mg PO DAILY	
	□ 50 mg PO BID	
Contraindicated if CrCL less than 30 mL/min	☐ 50 mg PO DAILY ☐ 100 mg PO DAILY	
Heparin	100 mg 100 b/ 121	
□ 5,000 unit SubQ Q8H	Valsartan (Diovan)	
☐ 5,000 unit SubQ Q12H <i>If wt<50Kg and/or age>75y</i>	☐ 40 mg PO BID	
, , , , , , , , , , , , , , , , , , , ,	□ 80 mg PO BID	
	☐ 160 mg PO BID	
	☐ 320 mg PO DAILY	
	Angiotensin-Converting Enzyme Inhibitors	
IV Fluids	Contraindications	
□ NS 1000 mLs @ 20 mLs/Hour	☐ Pregnancy	
□ NS 1000 mLs @ 100 mLs/Hour	☐ Sensitivity to ACE inhibitors	
□ NS 1000 mLs @ mLs/Hour	☐ Angioedema	
	Cautions	
□ D5NS 1000 mLs @ 20 mLs/Hour	☐ Renal Insufficiency	
□ D5NS 1000 mLs @ 100 mLs/Hour	□ Renal Artery Stenosis	
□ D5NS 1000 mLs @ mLs/Hour	☐ Hepatic Impairment	
	☐ Other:	

Captopril (Capoten)	- 5 mg IV x 1; followed by 2.5 mg IV
☐ 6.25 mg PO TID☐ 12.5 mg PO TID	q 5 minutes x 2 Initial Dose 2.5 mg or 5 mg x 1 - Select One
Lisinopril (Prinivil, Zestril)	□ 2.5 mg IV ONCE
□ 2.5 mg PO DAILY	□ 5 mg IV ONCE
□ 5 mg PO DAILY	Next Doses - 2.5 mg q 5 min x 2
☐ 10 mg PO DAILY	□ 2.5 mg IV Q5M x 2
Ramipril (Altace)	J (
□ 1.25 mg PO DAILY	Calcium Channel Blockers
□ 2.5 mg PO DAILY	Diltiazem (Cardizem)
☐ 5 mg PO DAILY	Administer 3 times a day, before meals
☐ 10 mg PO DAILY	☐ 30 mg PO AC
Antiemetics	□ 60 mg PO AC
Ondansetron (Zofran)	
4 mg IV Q4H PRN for Nausea/Vomiting May repeat X 1 within 4 Hrs.	
Max 3 doses in 24 Hrs	Lipid Lowering Agents
Max 3 doses III 24 III 5	Contraindications - Statin Medications
Anti-Ulcer Agents	☐ Statins Contraindicated
Pantoprazole (Protonix) :	☐ Statin Not tolerated
Note Interaction with Clopidogrel	☐ Medication Refused☐ Pt Noncomp Refuse Int/sup
☐ 40 mg IV DAILY	☐ Pt Noncomp - General
☐ 40 mg PO DAILY	☐ Refusal of Tx by Patient
Mag Hydrox/Al Hydrox/Simeth (Maalox Plus)	☐ Medical Contraindication
☐ 15 mL PO Q4H PRN for Dyspepsia	□ Surgical Contraindication
FaMOtidine(Pepcid)	☐ Adver React Lipid-Lowerin☐ Conduction Heart Disorder
20 mg PO BID PRN for Indigestion	☐ Hepatic Failure
Beta-Blockers	☐ Inflammatory Liver Disease
<u> </u>	□ Hypoglycemía
Contraindications	☐ Rectal Hemorrhage
☐ Sinus Bradycardia, HR <50	☐ Rhabdomyolysis☐ Clinical Trial Participan
□ AV Block 1 st Degree PR>0.24s	☐ Patient in Clinical Trial
□ AV Block 2 nd Degree Type 2	□ Palliative Care
□ AV Block 3 rd Degree	☐ Spec Palliative Care Tx
□ Cardiogenic Shock	□ Comfort Measures
☐ Heart Failure Uncompensated☐ Pheochromocytoma	☐ Comfort Care Management
☐ Severe Hypotension	☐ Support☐ Adm to Palliative Care
☐ Sick Sinus Syndrome w/o Pacemaker	2 Names ramative sale
☐ Other	Atorvastatin (Lipitor)
Use with Caution	□ 20 mg PO QHS
☐ Peripheral vascular disease, severe	☐ 40 mg PO QHS
☐ Bronchospasm/severe COPD	Simvastatin (Zocor)
	☐ 20 mg PO QHS
Atenolol (Tenormin)	☐ 40 mg PO QHS
☐ 50 mg PO Daily	Laxatives: Stool Softeners
Carvedilol (Coreg)	Docusate Sodium (Colace)
□ 3.125 mg PO BID w meals □ 6.25 mg PO BID w meals	☐ 100 mg PO BID – Hold for loose stools
Metoprolol tartrate (Lopressor)	<u>Nitrates</u>
Immediate Release	Isosorbide Dinitrate (Isordil)
□ 25 mg PO BID	☐ 5 mg PO TID MEAL
□ 50 mg PO BID	☐ 10 mg PO TID MEAL
 Hold for HR < 55 or SBP < 90 mmHg 	☐ 20 mg PO TID MEAL
Metoprolol succinate (Toprol XL)	☐ 40 mg PO TID MEAL
Extended Release	Isosorbide Mononitrate (Monoket, Ismo)
□ 25 mg PO Daily	☐ 10 mg PO BID @ 0800,1500
☐ 50 mg PO Daily	Nitroglycorin 20/2 Tanical Cintment
	Nitroglycerin 2% Topical Ointment *If Select Nitroglycerin Ointment,
Metoprolol - IV *Hold for HR<55 or SBP<90	Must Also Select Nitro Oint Reminder*
- 2.5 mg IV x 1; followed by 2.5 mg IV	□ 0.5 inch applied topically every 6 hours
q 5 minutes x 2 - OR -	*off midnight to 6 AM*
•	

Nitroglycerin OINT Reminder*Remove Nitroglycerin oint fr Midnight to 6AM	Bolus Dose * Single Bolus Dose: 180 mcg/Kg IV push over 2 minutes
Nitroglycerin Sublingual (Nitrostat) □ 0.4 mg SUBL every 5 minutes Max 3 doses PRN chest pain Notify Physician if not effective	Double Bolus Dose: *Select Single Bolus Dose of 180 mcg/Kg IV pushover 2 minutes (to give before PCI) and *Select Double Bolus Dose PCI of 180 mcg/Kg IV
Nitroglycerin IV ☐ 5 mcg/min Continuous Infusion; Titrate for Chest Pain. Maintain SBP above 90.	push to be given 10 minutes after the Firs Bolus Dose Eptifibatide – Single Bolus 180 mcg/Kg
mcg/min Continuous Infusion; Titrate for Chest Pain. Maintain SBP above 90.	□ 180 mcg/kg IV push over 2 mins
<u>Platelet Inhibitors (Oral)</u>	Eptifibatide - Double Bolus- Repeat of 180 mcg/Kg ☐ 180 mcg/kg IV push over 2 mins (if ordered)
Aspirin (Chewable) - Loading Dose 324 Mg x 1 (4 x 81 mg tabs) 324 mg CHEW NOW	– given 10 minutes after the first
Aspirin – Maintenance Doses – Select One □ 81 mg CHEW DAILY □ 325 mg PO DAILY Clopidogrel (Plavix) *Black Box Warning: Activity depends on activation	Eptifibatide - Infusion 2 mcg/Kg/min - CrCl >/= 50 ☐ Maintenance Infusion = 2 mcg/kg/min Continue Infusion for (18-24 hours) (Physician to Specify) Max Infusion Rate = 15 mg/Hr
to active metabolite by cytochrome P450 (CYP) system, principally CYP2C19. Poor metabolizers with ACS or undergoing PCI exhibit higher cardiovascular rates. Physician Actions: Tests are available to identify a patient's CYP2C19 genotype. * Pantoprazole May Decrease Serum Conc of Clopidogrel	Eptifibatide - Infusion 1 mcg/Kg/min - CrCl <50 □ Maintenance Infusion = 1 mcg/kg/min Continue Infusion for (18-24 hours) (Physician to Specify) Max Infusion Rate = 15 mg/Hr □ Discontinue infusion at Creatinine clearance based on Cockcroft-Gault equation.
Clopidogrel (Plavix) - Loading Dose = 300 mg x 1 300 mg PO ONCE mg PO ONCE Clopidogrel (Plavix) - Maintenance Dose 75 mg PO DAILY	Laboratory ☑ Platelet count 4 hrs after BOLUS dose of Eptifibatide
Prasugrel (Effient) - Loading Dose = 60 mg x 1 ☐ 60 mg PO ONCE	Antiarrhythmic Agents
Prasugrel (Effient) - Maintenance Dose - 10 mg □ 10 mg PO DAILY Prasugrel (Effien) - Maintenance Dose - 5 MG □ 5 mg PO DAILY Sedatives Zolpidem (Ambien) □ 5 mg PO HS PRN Insomnia May repeat x 1 in 1 hour	Amiodarone-Bolus & Infusions – Select 1 st 3 entries *Black Box Warning: Potentially fatal pulmonary toxicities. Common but usually mild elevated LFTs; overt liver failure can occur with few fatal cases. Physician Actions: Liver enzymes should be monitored on a regular basis (every 3-6 monts) if dose is greater than 600 mg daily.
Vasoactive Agents: Adrenergic DOBUTamine □ 2 mcg/Kg/min * Titrate per Policy to maintain SBP above 90 * DOPamine □ 5 mcg/kg/min 5 mcg/Kg/min * Titrate per Policy to maintain SBP above 90 *	Amiodarone Dosing Sequence (Select all 3 entries): - Bolus: 150 mg IVPB over 10 minutes - Maintenance Infusion x 6 hours: 1 mg/minute - Maintenance Infusion Subsequent: 0.5 mg/minute Sequence - 150 mg IVPB, 1 mg/min X 6 Hrs, 0.5 mg/min 150 mg/D5W 100 mL Loading Dose, infuse
Other Medications	over 10 min 375 mg/D5W 250 mL Braun @ Initial –
Platelet Inhibitors (IV)	1 mg/min x 6 Hrs
Eptifibatide (Integrilin) – Bolus & Infusion Eptifibatide (Integrilin) Monitoring: * Platelet count, automated once, 4 hours after	 375 mg/D5W 250 mL Braun @ Next – 0.5 mg/min x 6 Hrs Amiodarone – Additional Bolus Doses if Needed

☐ 75 mg/D5W 100 mLs IVPB RX MIXES☐ 100 mg/D5W 100 mLs IVPB RX MIXES	Rebolus with 0.35 mg/kg IV push over 2 - 10 mins
☐ 150 mg/D5W 100 mLs – Loading Dose (Premix) For breakthrough VF or	□ Discontinue at
hemodynamically unstable	Lidocaine Pharmacy Protocol
☐ Discontinue infusion in 24 Hrs or at	☐ Target Lidocaine Level = mcg/mL (Physician to Specify)
☐ Begin mg tablet orally every 12	☐ Cardiac Output=% of Normal
Hrs when IV drip discontinued	(Physician to Specify)
☐ Begin mg tablet orally every	
Hrs when IV drip discontinued	Lidocaine Physician Management
Assess for conversion to ORAL dosing after 24 Hrs.	PHYSICIAN LIDOCAINE DOSING/MANAGEMENT
	* Bolus= mg (usually 1 mg/Kg) -
Diltiazem (Cardizem) - Load & Infusion	Physician to Specify
oxtimes Keep HR less than and / or	* Rate= 2 mg/min - Physician to Specify
SBP less than	Lidocaine Bolus per Physician –
	Usually 1 mg/Kg or _
Diltiazem Bolus (Cardizem Bolus) #1	\square Bolus = (usually 1 mg/Kg)
\square 0.25 mg/Kg IV push over 2 to 10 mins	(Physician to Specify)
	Lidocaine Drip per Physician –
Diltiazem Infusion	2 mg/min or mg/min
☐ Maintenance Infusion start at 5 mg/Hr	☐ Rate = 2 mg/min
May titrate in 5 mg/Hr increments	(Physician to Specify)
to a max of 15 mg/ Hr	 Laboratory per pharmacy protocol.
Diltiazem Bolus (Cardizem Bolus) #2: IF Needed	
☐ If desired effect not obtained in 15 mins,	

CDU Chest Pain Admission	□ NPO 3 hours prior to Stress Test□ PO TRAY:
Admit To: ☑ Admit to CDU Reassess 8-12 hours	☐ 45 - 60 Gm CHO per meal☐ Prudent Heart Diet
☐ Transport Monitored☐ Transport Non Monitored	Nursing Orders Interventions □ Vital signs Q2H
Admitting Diagnosis: Primary Diagnosis: Secondary Diagnosis: Significant Coexisting Conditions: [] Diabetes [] Hypertension [] Renal Impairment [] Liver Disease [] Cardiovascular Disease [] Chronic Lung Disease	☐ Weigh - DAILY ☐ Intake and Output ☐ Activity Ambulate ☐ Activity Bedrest with BRP ☐ IV - Insert ☐ Central Line Access/Maintain ☐ Urinary Catheter Insert ☐ Urinary Cath Maintenance Respiratory
CRITERIA/PLAN/GOAL: Assign to the observation unit for evaluation of acute chest pain suggestive of coronary ischemia as the	 Oxygen Delivery / Oximetry / Protocol Pulse Oximetry Monitor/Record
initial work-up does not clearly identify an alternative cause of the chest discomfort. The patient must exhibit a normal or unchanged EKG The following shall exclude the patient from the observation unit: A) ongoing pain suggestive of myocardial ischemia B) elevated troponin level / CKI d) atrial fibrillation requiring IV meds C) brady less than 50 with SBP less than 90 symtomatic D) atrial fibrillation requiring IV meds Condition Good Fair Serious Critical	Laboratory Chemistry □ Basic metabolic panel □ CPK Index Panel 12 hours after initial CPK I result □ Electrolytes □ Lipid Panel □ Troponin I 12 hours after initial result □ Troponin I at 2 and 4 hours from initial result for a total of 3 results Hematology □ CBC, with Automated Diff
Resuscitation Status	<u>Diagnostic Tests</u>
 ☐ Full Code ☐ Limited Code ☐ No Code Discussed this with ☐ Patient 	Echocardiogram Reason: To be read by Dr: D 2D Adult Cardiac Echo
☐ Family ☐ I spoke with the patient and he/she has designated	☐ Stress Echo W Exercis Electrocardiogram Reason:
as his/her surrogate decision maker for this hospitalization Implementation of this order requires completion of 'Limits on Patient Resuscitation & Treatment" orders.	To be read by Dr: □ Electrocardiogram (12 Lead) repeat 2 hours and 4 hours after initial EKG □ EKG for new onset chest pain □ EKG Q 30 Minutes Ongoing Chest Pain □ Cardio Stress Treadmill □ Cardio Stress Thallium Treadmill Holter Monitor
Allergies: ☐ No Known Drug or Food Allergies	☐ 24 hours ☐ 48 hours
Allergies:	Nuclear Medicine
Type of Reaction:	Reason:
Allergies:	To be read by Dr: ☐ NM Lexiscan Stress Test w Perf
Type of Reaction:	□ NM Treadmill Stress w Perf□ NM Pulm Vent Gas and Perf

<u>Diet</u>

Radiology XR Chest 1 View, AP/PA STAT IN AM	□ 4 mg SUBL Q8H PRN Nitrates (NTG) NTG Sublingual Nitroglycerin [Nitrostat]
Consults ☐ Consult Case Management	 0.4 mg SUBL Q5M PRN chest pain x 3 CALL PHYSICIAN after third dose
<u>IV Fluids</u>	NTG Topical - (CHOOSE ONE DOSE) Nitroglycerin [Nitro-Bid 2% Ointment 1 inch] 0.5 inch TOP Q6H
NS: Normal Saline	Hold for SBP less than 90 mmHg Remove between 12 Midnight and 6 AM 1 inch TOP Q6H Hold for SBP less than 90 mmHg. Remove between 12 Midnight and 6 AM Antiplatelet Agents Aspirin Enteric Coated 325 mg Aspirin Enteric Coated [Ecotrin] 325 mg PO QAM Clopidogrel (Plavix) See Black Box Warning (BBW)
<u>Medications</u>	Clopidogrel (Plavix) Black Box Warning (BBW) – FDA: The effectiveness of clopidogrel is dependent on its activation to an active
Atropine • Atropine: 0.5 mg IV for HR < 50 sustained, CALL PHYSICIAN □ 0.5 MG IV PRN Antipyretic/Analgesia	metabolite by the cytochrome P450 (CYP) system, principally CYP2C19. Poor metabolizers with ACS or undergoing PCI exhibit higher cardiovascular event rates. Physician actions: Tests are available to Identify a patient's CYP2C9 genotype.
Acetaminophen for MILD pain (Pain scale = 1-3) Acetaminophen [Tylenol] □ 650 mg PO Q4H PRN • Max 4000 mg per day	75 mg PO Daily Anticoagulants Use "Anticoagulation order set" if needed
 Ketorolac for MODERATE pain (Pain scale = 4-6) Ketorolac (Toradol) Black Box Warning (BBW): Physician Actions: - review BBW Check renal function and adjust the dosing regimen A total duration of injectable and oral doses combined should not exceed 5 days 	Beta-Blockers Beta-Blocker contraindications: □ Bronchospasm □ Severe COPD / Acute pulmonary edema □ AV Block □ Hypotension or bradycardia □ Other: Atenolol (Tenormin)
<pre>Ketorolac [Toradol] 30 mg IF < 65 yo,CrCl >/= 50 mL/min, SCr <1.5 □ 30 mg IV Q6H PRN 15 mg IF >/= 65 yo,CrCl < 50 mL/min,SCr >/=1.5 □ 15 mg IV push Q6H PRN</pre>	□ 50 mg PO Daily Carvedilol (Coreg) □ 3.125 mg PO BIDMEALs □ 6.25 mg PO BIDMEALs
Morphine (CHOOSE ONE DOSE) □ 2 mg IV Q4H PRN – Moderate Pain □ 4 mg IV Q4H PRN – Moderate Pain	
Antiemetics Ondansetron 4 mg IV q4hrs PRN N/V; May repeat x 1 within 4 hours Max of 3 doses in 24 hours □ 4 mg IV Q4H PRN	

Odansetron 4 mg ODT q8hrs PRN N/V; MR x 1 within 4 hours Max of 3 doses in 24 hours

Metoprolol Tartrate (Lopressor) Immediate Release	Extended Release 25 mg PO DAILY Hold for HR less than, or SBP less than
IV 5 mg x 1 dose:enter HR & SBP Parameters 5 mg IV ONCE Hold for HR less than, or SBP less than FOLLOWED BY: IV 2.5 mg x 2 doses: enter HR & SBP Parameters 2.5 mg IV Q5M x 2 Hold for HR less than, or SBP less than	Diuretics Furosemide (Lasix): □ 40 mg IV ONCE at GI Famotidine (Pepcid) □ 20 mg PO BID GI Cocktail
MAX of 2 doses PO Metoprolol Tartrate (Lopressor) Immediate Release	[Donnatol/Mylanta/Lidocaine GI-Cocktail] □ 50 mL PO Q8H PRN Sleep / Hypnotics Zolpidem (Ambien)
□ 50 mg PO BID □ 100 mg PO BID	☐ 10 mg PO QHS PRN insomnia

Metoprolol Succinate (Toprol XL)

ATTESTATION OF HOSPITALIST ORIENTATION

GENERAL DOCUMENTATION

- 1. Hospital Floor Directory
- 2. Hospitalist Contact Information
- 3. Physicians under contract for call with Hospitalist Group
- 4. Physicians Hospitalists do not admit for
- 5. Specialist Contact Information
- 6. Lead Hospitalist Job Responsibilities
- 7. Physician certification of death form
- 8. SVMC Hospitalist Admissions form
- 9. Ingenious Med
- 10. Accessing Meditech Physician Portal
- 11. Physician Documentation Query
- 12. Palliative Medicine Consult

STROKE

- 1. Code Stroke Process (policy on SVMH intranet)
- 2. Acute Stroke Transfer Protocol
- 3. Blood Pressure Management in the stroke patient
- 4. Tele-neurology for Stroke
- 5. Stroke Core and Performance Measures
- 6. Stroke and tPA Order Sets

CHEST PAIN / AMI

- 1. In-Patient Code STEMI Process (policy on SVMH intranet)
- 2. Chest Pain Program Performance Measures
- 3. ACTION Registry Requirements for AMI Population
- 4. Chest Pain / ACS (AMI) / CDU Chest Pain Admission Order Sets

INSTRUCTIONS AND GUIDELINES

- 1. Security Key Issuance Form
- 2. Nephrology Patients admission Guidelines
- 3. Census / Admission Cap
- 4. Swing expectations and hours
- 5. Direct Admission Guidelines
- 6. RRT Guidelines

Print Name

- 7. Medical Staff general rules and regulations
- 8. iPhone setup for email
- 9. Instructions for schedule sharing

orientation modules.	
Signature	Date

Attestation: I attest that I have been oriented to the subjects noted above and have completed the initial online

ED Physician Orientation – Chest Pain / Acute Myocardial Infarction

Code STEMI Process

See "ED Physician Code STEMI Process"

Code STEMI Performance Measures

See "ED Physician STEMI Performance Measures" for requirements

Code STEMI Order Set

- Find your patient
- Click on "Orders" tab on the right
 - o Has been placed in your Favorites tab but if unable to find, continue to below
- Click on "New Sets" at the top
- In search bar, type in "Code STEMI"
- Check the box to the left of "Code STEMI Order Set"
- Click "Submit" at the bottom left of window
- Do not uncheck anything (unless duplicate order identified)

Chest Pain Program Performance Measures

See "Chest Pain Program Performance Measures"

American College of Cardiology (ACC) – Chest Pain/MI & Get With The Guidelines – CAD Registry Core Measures

ED Physician Code STEMI Process

- 1. Emergency Department Physician Code STEMI Role/Responsibilities:
 - a. Reviews 12 lead EKG to diagnose STEMI
 - b. Contacts the On-Call Cardiologist
 - c. Activates Code STEMI Team
 - d. Performs medical screening exam
 - e. Utilize the Code STEMI Order Set
 - i. Initiates appropriate treatments
 - f. Signs Code STEMI Physician Orders/Patient Care Record
- 2. The Code STEMI process may be implemented in one of the following ways:
 - a. Patient may present directly to the Emergency Department
 - i. When a STEMI is identified by the Emergency Department (ED) physician, he/she will activate the Code STEMI
 - b. Prior to hospital arrival via ambulance
 - i. When a paramedic recognizes a STEMI in the field, the paramedic will immediately notify the base station and communicate this information.
 - ii. The pre-hospital 12 lead EKG will be transmitted to the base hospital via the LifeNet system
 - iii. The ED Physician will activate the Code STEMI
 - c. Transfer to hospital from a non-STEMI center
 - As a designated STEMI Receiving Center, all requests for transfers of STEMI patients will be accepted without delay and must involve the Administrative Supervisor
 - ii. When a request for transfer of a STEMI patient is received, the ED physician will activate the Code STEMI
 - iii. The non-STEMI center and/or EMS will notify the emergency department as soon as possible of the in-coming transfer in order to expedite the mobilization of the STEMI team
 - 3. The On-Call Cardiologist is always contacted first by The Emergency Department Physician
- a. Activate Code STEMI by calling the Hospital Operator, extension 2222 See "ACC-MI & GWTG-CAD Registry Core Measures"

STEMI evidence-based performance measures and documentation requirements
The listed performance measures have been approved as SVMH Performance Indicators
Please use the available Code STEMI Order Set to enhance our performance on these measures

ED Physician STEMI Performance Measures		
Measure	Description	Acceptable Methods to Meet the Performance Measures
Door to PCI	Door to Intervention within 90 minutes of arrival	If there is a patient reason for delay, please provide clear documentation in your note
Door to EKG	Door to EKG within 10 minutes of arrival	Patient is classified as "Chest Pain – STAT" at triage to alert EKG technician and raise priority
Aspirin on Arrival	Aspirin is given to patient within 24 hours of arrival	Order and given Aspirin if not given by EMS (for ambulance arrivals) or by transferring hospitals (for transfer patients). If given by previous caretakers, please provide clear documentation in your note
Door to Code STEMI Activation	Door to Code STEMI Activation < 15 minutes	Call Code STEMI immediately upon recognition for walk-in patients Call Code STEMI on EMS activation call after reading field EKG May cancel Code STEMI on arrival if your assessment and/or follow up EKG shows that patient is not a STEMI
Door to Patient at Cath Lab	Door to Patient at Cath Lab < 50 minutes	After initial exam, repeat EKG (if necessary), Registration, and labs drawn at the door, patient is taken directly to CT by EMS
Door to Lab Resulted	Door to Lab Resulted < 45 minutes	Labs are drawn AND run at the door on arrival. Results are handed to the ED Physician (Code STEMI order sets include these specific lab orders)

Code STEMI

Laboratory Chemistry
Whole Blood Basic Metabolic Panel ☑ Stat
☐ Routine
Troponin I
☑ Stat
☐ Routine
CPK Index Panel
☑ Stat
Routine
Coagulation
INR Whole Blood
☑ Stat
Routine
Prothrombin Time
□ Stat
☐ Routine
Partial Thromboplastin Time ☑ Stat
☐ Routine
Hematology
CBC, with Automated Diff ☑ Stat
☐ Routine
HBG and HCT Group
∐ Stat
☐ Routine
Other
Draw Extra Tubes
☑ Stat
☐ Routine
Diagnostic Tests EKG Electrocardiogram (12 Lead)
Reason: Chest Pain - STEMI
☑ Stat
I I Routine
T Roddine
Nursing Interventions Code STEMI – Apply Defib Pads [RC] ☑ ONCE

Chest Pain Program Performance Measures

All Performance Measures are reported to The Joint Commission during yearly review and Bi-annual re-certification. The listed performance measures have been approved as SVMH Performance Indicators

Measure	Description	Rationale
Cardiac Rehab Attendance	Cardiac Rehab attendance by all primary diagnosis AMI patients discharged to home without a contraindication to Cardiac Rehab.	The participation in Cardiac Rehab services after an Acute Myocardial Infarction teaches and encourages the adherence to a medication regimen, a heart healthy diet, and exercise plan that work to promote cardiac wellness. Attendance to Cardiac Rehab promotes healthy habits and medication compliance, which can decrease hospital readmission rates.
Lifestyle Change Goals	Education and documentation of patients' choice and verbalization of a lifestyle change goal throughout hospital stay for patients with primary diagnosis of AMI.	A change in lifestyle is essential for all patients who suffer an AMI. Breaking an unhealthy, bad habit or starting a new healthy habit creates a manageable and attainable goal. Allowing patients to choose their lifestyle change goal encourages participation in their care and promotes self-management of health. Patient participation helps increase adherence to prescribed interventions and can decrease hospital readmissions.
Beta-Blocker at Discharge	Order for Beta-blocker provided for patient upon discharge for patients with primary diagnosis of AMI. *Contraindications must be clearly documented	Beta-blockers have proven to be an effective secondary prevention after an AMI. They have an effect on myocardial oxygen demand by reducing heart rate, blood pressure, and contractility. Additionally, by prolonging diastole, coronary perfusion is improved. Ensuring that a beta-blocker is ordered at discharge reduces the risk of cardiovascular events and hospital readmission.
Statin at Discharge	Order for Statin provided for patient upon discharge for patients with primary diagnosis of AMI. *Contraindications must be clearly documented	AMI patients are at high risk for recurrent cardiovascular events. In multiple trials, statins have succeeded in reducing cardiovascular events, such as recurrent MI, cerebrovascular events, and heart disease death. Statins have been able to achieve this by slowing the progression of coronary atherosclerosis and possibly causing regression of plaque. Ensuring that a patient is discharged on a statin reduces their risk of cardiovascular events and hospital readmission.



American College of Cardiology Chest Pain - MI Registry & Get With The Guidelines - CAD Core Measures

AMI patient placement: Heart Center, 1 Main, ICU, 5 Main (OCU)

On the basis of research findings generated from clinical investigation, those interventions are supported by the highest level of evidence. In order to guide clinical care, the following are recommended guidelines for care of the acute stroke patient.

If any of these guidelines are contraindicated based on the individual needs or condition of the patient, please document the rationale in the medical record.

rationale in the medical re			
INPATIENTS			
ST Elevated and Non-ST Elevated	Aspirin within 24 Hours of Arrival	Require documentation of administration within 24 Hours of Arrival (Door) Time or clear, written documentation of contraindication	
	Evaluation of Left Ventricle (LV) Systolic Function	Require documentation of LV EF% during inpatient admission or clear, written documentation of contraindication or reason for not obtaining	
		Requires an electronic referral to Cardiac Rehab during admission that shows reason for admission clear, written documentation of contraindication.	
Myocardial Infarctions	Cardiac Rehab Electronic Referral	This is done automatically if using AMI related orde sets through "Consult Cardiac Rehab"	
		Answer "Yes" to "Refer to Cardiac Rehab?" if prompted when discharging patient. If "No" selected, rehab will not be able to use referral, causing fallout.	
	Requires clear, written documentation of C Cardiac Rehab Information and Education during admission or documentation of contraindication.		
	DISCHAR	GE	
	Aspirin at Discharge	Requires prescription of medication, for all AMI patients with or without revascularization, at discharge with instruction of usage or clear, written documentation of contraindication	
ST Elevated and Non-ST Elevated Myocardial Infarctions	P2Y ₁₂ Inhibitor at Discharge	Requires prescription of medication, for all AMI patients with or without revascularization, at discharge with instruction of usage or clear, written documentation of contraindication	
	Beta-Blocker at Discharge	Requires prescription of medication at discharge with instructions of usage or clear, written documentation of contraindication	
	Statin at Discharge	Requires prescription of medication at discharge with instructions of usage or clear, written documentation of contraindication	
	ACE-I or ARB for LVSD at Discharge	Requires prescription of medication at discharge with instructions of usage IF LV EF% is < 40% or clear, written documentation of contraindication	

ATTESTATION OF ED PHYSICIAN ORIENTATION

CHEST PAIN / AMI

- 1. In-Patient Code STEMI Process (policy on SVMH Intranet)
- 2. Chest Pain Program Performance Measures
- 3. Code STEMI Order Sets
- 4. Chest Pain Program Performance Measures
- 5. ACTION Registry Requirements for AMI Population

Attestation: I attest that I have been oriented to modules.	the subjects noted above and have completed	the initial online orientation
Signature	 Date	
Print Name		

Resuscitation Order Changes: DNR to DNAR

Objectives

- Discuss the impact of change in terminology from DNR to DNAR.
- Compare the medical interventions for the different DNAR statuses.
- Provide examples of where to locate resuscitation status in the EMR.
- Describe how to access Advance Directives and POLST forms in the EMR.

Terminology Change from DNR TO DNAR

- In 2005, the American Heart Association changed the terminology from Do Not Resuscitate (DNR) to Do Not Attempt Resuscitation (DNAR).
- Mhat is the impact of the change in terminology?



- The addition of the word "attempt" softens the discussion and removes the implication that successful resuscitation is likely.
- Creates a supportive emotional environment to discuss end-of-life wishes.

Cardiopulmonary Resuscitation

- © CPR stands alone as the only intervention the patient must state explicitly they do not want.
- Every patient is a FULL CODE unless a DNAR order is clearly documented in the medical record.
- Resuscitation is a component of care to which all patients should have equitable access.
- 1991 Patient Self Determination Act
 - All Health care institutions are required to inform patients of their right to complete an Advanced Directive.
 - The purpose of the federal law is to ensure a patient's right to self-determination in healthcare decisions is protected.

Current Terminology Challenges

- poor communication with patients regarding DNR orders is common.
- 55 The patient and family have the misconception that the order means less care, less interventions for the patient.
- Family members making decisions about a patient's DNR status often feel guilty, confused and overwhelmed.
- A common misunderstanding patients and families have is that CPR will keep patients alive and living as they were before the event.

The new DNAR orders provide patients and families with more options and the clinical team with improved order clarity.

DNAR Treatment Options

80 03

Code Status Treatment Option Detail

Resuscitation Status Order Options



DNAR/Full Care

Code Status	Clinical Goals	Interventions for Decline in Medical Status: Pulse present Breathing May have respiratory distress	Interventions for Cardiopulmonary Arrest
DNAR/Full Care	Prolonging life by all medically effective means up until need for CPR	 RRT Code Blue if patient has a pulse and needs intubation Fluids/Vasoactive medications for hypotension 	No CPR

In some cases, DNAR/Full Care may be a preliminary status for patients who do not want CPR until further discussion related to treatment options occurs.

DNAR/DNI

Code Status	Clinical Goals	Interventions for Decline in Medical Status: Pulse present Breathing May have respiratory distress	Interventions for Cardiopulmonary Arrest
DNAR/DNI	Prolonging life by potentially all medically effective means up until need for CPR and/or intubation	 RRT High flow/non-invasive BIPAP as appropriate Fluids/Vasoactive medications for hypotension 	No CPR or Intubation

If these treatment modalities do not stabilize the patient, next step is to **ensure comfort**

DNAR/Comfort

Code Status	Clinical Goals	Interventions for Decline in Medical Status: Pulse present Breathing May have respiratory distress	Interventions for Cardiac Respiratory Arrest
DNAR/Comfort	Primary goal of maximizing patient comfort if condition worsens Relieve pain and suffering with medication	 Use oxygen Medications to ensure comfort For distress related to airway obstruction utilize brief suctioning and head/body repositioning to ensure comfort 	No CPR or Intubation

Resuscitation Status Order Entry

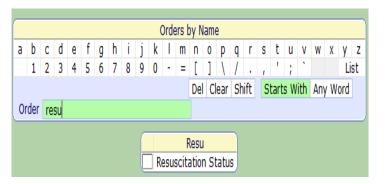
80 03

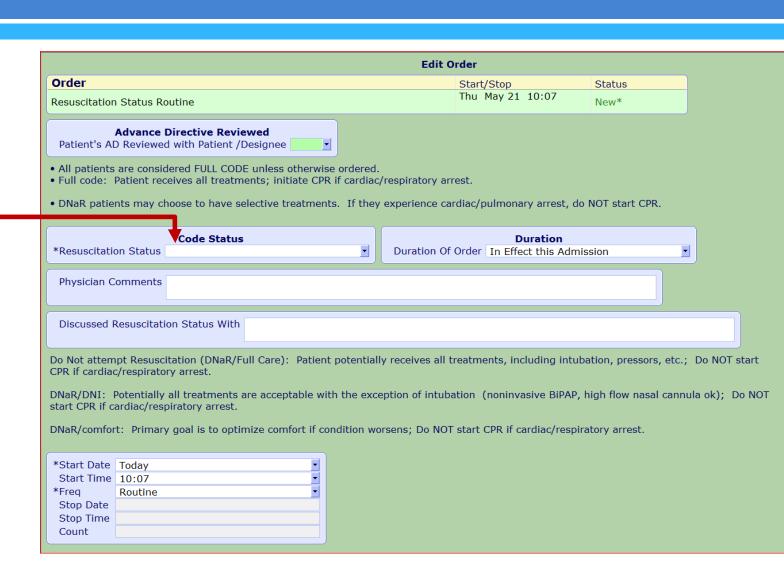
Review Order Entry Changes in Meditech

Resuscitation Order Entry in Meditech

 DNAR guidelines text is provided at the bottom of the screen for reference.

 A text box for Physician Comments for preferences if appropriate. Name Full Code DNaR/Full Care DNaR/DNI DNaR/Comfort





Resuscitation Order Detail in Meditech

The Patient Header displays the Code Status in red.

 DNaR/Comfort

1.7m 77.6kg BSA:1.89m2 BMI:26.8kg/m2

Allergy/Adv: No Known Allergies

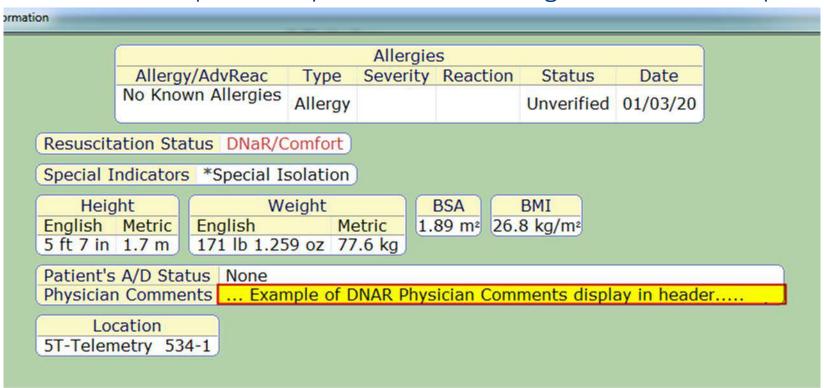
H00015687

H0012963 E00003042

The



in the Patient Header provides important details including selective treatment preferences.



Policy Review

80 03

Key Highlights from Policies Impacting DNAR

Key Policies Impacting DNAR

Policy Number and Name	Key Points			
Advance Directives #448	 Assessment of status upon admission to inpatient setting and some outpatient settings May refer to Social Services if patient requests more information 			
Physician Orders for Life-Sustaining Treatment (POLST) Procedure #1990	 If patient has POLST, RN confirms with patient/surrogate and communicates presence of POLST to Provider (ED/Inpatient) Label on Chart Original copy to be sent home/any other discharge destination with patient 			
Care of the Palliative Care Patient #5769	 Palliative care utilized at any stage of serious illness to optimize quality of life The Palliative Care Team provides support in pain and symptom management including shortness of breath, fatigue, constipation, nausea, loss of appetite, and problems with sleep 			
Care of the Patient at End of Life #5849	 Purpose to guide staff in providing high standards of care for patients at the end of life Manage pain and other physiological/psychological symptoms effectively 			
Withdrawing Life-Sustaining Treatment and Withholding Cardiopulmonary Resuscitation #908	The provider obtaining consent for invasive/surgical procedures discusses suspension of DNAR orders during procedure with patient and documents decision-making process in the medical record			
Color-Coded Wristband Use #2641	 Purple wristbands are used to identify patients with a DNAR status Patients should be asked to remove social cause wristbands while receiving services in patient care areas to avoid potential confusion 			

Advance Directives and POLST

80 03

Description of Where Forms Display in the EMR

Advance Directives/POLST in Notes

Check the EMR for pre-existing scanned forms under the Patient Directives button.



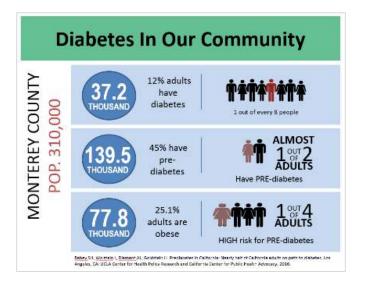
REFERENCES

- SVMH Policy 286 Patient Identification Policy 08/04/2014
- SVMH Policy 2641 Color Coded Wristband Use 06/09/2016
- SVMH Policy 5849 Care of the Patient at End of Life 03/23/2018
- so SVMH Policy 5769 Care of the Palliative Care Patient 07/22/2014
- SVMH Policy 1990 Physician Orders for Life Sustaining Treatment (POLST) Procedure 02/28/2017
- Symh Policy 448 Advanced Directives 08/25/2017
- SVMH Policy 908 Withdrawing Life-Sustaining Treatment and withholding Cardiopulmonary Resuscitation 09/04/2014
- Yuen, J., Reid, M. C., & Fetters, M. (Jul 2011) Hospital Do-Not-Resuscitate Orders: Why They Have Failed and How to Fix Them. Journal of Internal Medicine. 26(7), 791-797
- Lachman, V. (Jul/Aug 2010) Do-Not-Resuscitate Orders: Nurse's Role Requires Moral Courage. Medsurg Nursing Vol 19, No 4
- Breault, J. (2011). DNR, DNAR and AND? Is Language Important? The Ochsner Journal 11:302-306
- Blair, H. (2016). A Reasoned Argument for the Demise of the "Do Not Resuscitate" Order. Annals of Palliative Care Medicine. 5:(4), 303-307.

57% of People in Monterey County have Diabetes or Pre-Diabetes

Diabetes is an epidemic in Monterey County. SVMH and SVMC Endocrinology Clinic have partnered to improve glycemic control for patients both while in the hospital and after they go home.

Our physicians play a crucial role in diabetes management:



If your patient...

...has diabetes:

- Use the "Insulin Subcutaneous Order Set" to manage medications
- see next page

...is admitted with an insulin pump:

- Order an Endocrinologist consult
- The best way to reach Dr. Kissell is to call the office phone number: (831) 757-2058

...is a newly diagnosed diabetic, or has an A1C > 8 in the hospital:

- Refer to the outpatient SVMC Endocrinology Clinic for post-discharge follow up.
- Here, they will learn important selfmanagement skills



Our Endocrinologist:



Dr. Nic Kissell (831) 757-2058

For questions about this glycemic initiative: call Mike Le (Pharmacist Clinical Coordinator) at ext. 3263.

PHYSICIAN'S ORDERS

Paper Version

Insulin Subcutaneous Order Set

- Discontinue oral diabetes medications on admission.
- Patients previously on insulin consider restarting home regimen or reducing home regimen by 20%.
- Insulin naïve Type 2 DM consider starting:
 - o Basal insulin glargine + a rapid insulin correction scale.
 - > Start basal insulin glargine dosing at: 0.2 units/kg or 10 units.
 - > Consider 0.1 units/kg basal insulin glargine if NPO or significant renal dysfunction.
 - o If FBG ≤ 140 mg/dL but glycemic control still inadequate, consider starting mealtime bolus insulin lispro (doesn't apply to TF/TPN patients).
 - > Base dose on correctional insulin use
 - > Or start initially at 3 or 4 units with each meal depending on ordered carbohydrate content of meals (e.g. use a ratio of 1 unit insulin per 15 grams carbohydrates ordered).
- Re-evaluate insulin regimen daily and if patient's nutrition changes. Consider reducing basal insulin by 50% if NPO.

Basal Insulin

□ Insulin glargine ____ units SUBQ at HS

Bolus Insulin

□ Insulin lispro _ units SUBO TID with meals

> Combine with correctional scale insulin and give as one subcutaneous injection. If NPO or meal skipped, hold mealtime bolus dose but still give correctional insulin.

Correctional Insulin

☑ Give insulin lispro subcutaneously with meals & HS per selected correction scale. Combine correctional insulin with any scheduled mealtime insulin and give as one injection. If patient NPO, on TPN, or on continuous tube feeds check MBG and administer correctional

Select ONE of the following correction regimens:

Correctional Insulin Scale			
BG Level (mg/dL)	☐ Mild Correction (For total daily insulin dose <40 units)	☐ Moderate Correction (For total daily insulin dose 40-80 units)	☐ Aggressive Correction (For total daily insulin dose >80 units)
<150	No insulin	No insulin	No insulin
150-199	+1 units	+2 units	+3 units
200-249	+2 units	+4 units	+6 units
250-299	+3 units	+6 units	+9 units
300-349	+4 units	+8 units	+12 units
≥350*	+5 units	+10 units	+15 units

^{*}Notify MD if BG ≥ 350 mg/dL

Nursing Orders

- ☑ Monitor MBG AC & HS. Monitor q6h if NPO, on TPN, or on continuous tube feeds.
- ☑ For Symptomatic Hypoglycemia: monitored blood sugar less than 70 mg/dL and symptomatic (diaphoresis,

shaking, irritability, nausea, cold sweats, altered level of consciousness, etc.)

- · Call Physician.
- . Monitor Blood Glucose every 15 minutes and repeat hypoglycemia treatment until MBG is greater than 100 mg/dL.
- For patients who can take PO, administer one of the following fast acting carbohydrates:
 - Glucose chewable tab 4 tablet orally OR
 - Glucose Gel: one 24 gram tube orally OR
 - Regular soda 6 oz orally
- Fruit juice 6 oz (Renal patients: Apple Juice only)
- · For patients who cannot take PO:
 - Dextrose 50% in Water: 25 mL (12.5gms IV push)

PHYSICIAN'S SIGNATURE	PHYSICIAN'S#	DATE:	TIME:	
Salinas Valley Memorial	POADLTINSSUB		,	2

Healthcare System 450 East Romie Lane, Salinas, Ca 93901

(831) 757-4333 - Toll Free (888) 755-7864 A Public District Hospital

8720-9347 (Rev. 5/5/2016)

INSULIN SUBCUTANEOUS ORDER SET

Page 1 of 1

© Order	SCH		Start/Stop
☐ Insulin Subcutaneous			
*Discontinue oral diabetes medications on admission.			
*Patients previously on insulin - consider restarting home regimen or			
reducing by 20%	_	omnii	tor Vorcion
*Insulin naive Type 2 DM consider starting:	C	ompu	ter Version
>Basal insulin glargine + a rapid insulin correction scale			
>Start basal insulin glargine dosing at: 0.2 units/Kg or 10 units			
>Consider 0.1 units/Kg basal glargine insulin if NPO or			
significant renal dysfunction			
*IF FBG = 140 mg/dL but glycemic control still inadequate,</td <td></td> <td></td> <td></td>			
consider starting mealtime bolus insulin lispro> this does not apply to TF/TPN patients			
>Base dose on correctional insulin use			
>Or start initially at 3 or 4 units with each meal depending on ordered			
carbohydrate content of meals(e.g. use a ratio of 1 unit insulin			
per 15 grams carbohydrates)			
*Re-evaluate insulin regimen daily and if patient's nutrition changes.			
Consider reducing basal insulin by 50% if NPO.*			
■ Nursing Interventions			
★ MBG [RC]			
✓ AC&HS		Today	Now
NPO or Not Eating			
■ MBG [RC]			
□ Q6H		Today	Now
BASAL Insulin - GLARGINE			
Insulin Glargine (Lantus) Pen [Lantus Insulin Pen]			
☐ DOSE unit SUBQ QHS unit	SCH	Today	Now
BOLUS Insulin - LISPRO			
Combine with correctional scale insulin and give AS ONE subQ injection. IF NPO or meal skipped, HOLD mealtime bolus dose but STILL GIVE			
correctional insulin.			
■ Insulin Human Lispro [HumaLOG (=Lispro)]			
Combine with correctional scale insulin and give AS ONE subQ injection.			
IF NPO or meal skipped, HOLD mealtime bolus dose but STILL GIVE			
correctional insulin.			
■ Insulin Human Lispro [HumaLOG (=Lispro)]			
☐ DOSE unit SUBQ TIDMEAL unit	SCH	Today	Now
C			
Correctional Scales Correctional Insulin			
*Give insulin lispro subQ MEALS & HS			
*Combine correctional insulin with any scheduled mealtime			
insulin and give as ONE INJECTION.			
*IF NPO, on TPN, or on continuous tube feeds check MBG and			
administer correctional insulin every 6 hours.			
** NOTIFY MD if BG >/= 350 mg/dL **			
MILD For total daily inculin dage < 40 unite*			
For total daily insulin dose < 40 units* Insulin Human Lispro [HumaLOG (=Lispro)]			
See Protocol SUBQ MEALS & HS unit	SCH	Today	Now
MODERATE	5611	· oddy	
For total daily insulin dose 40 - 80 units*			
☐ Insulin Human Lispro [HumaLOG (=Lispro)]			
See Protocol SUBQ MEALS & HS unit	SCH	Today	Now
AGGRESSIVE For total daily insulin dose > 80 units*			
Insulin Human Lispro [HumaLOG (=Lispro)]			
See Protocol SUBQ MEALS & HS unit	SCH	Today	Now

■ Symptomatic Hypoglycemia: MBG < 70 mg/dL	
** Symptoms: Diaphoresis, Shaking, Irritability,	*
Nausea, Cold Sweats, Altered Level of Consciousness, Etc.	Computer Version, cont'd
* Notify Physician	*
 Monitor Blood Glucose every 15 minutes and repeat hypoglycemia treatment until MBG is greater than 100 mg/dL 	
For Patient Who Can Take PO	
For Patients Who Can Take PO, Administer one of the following fast-acting carbohydrates: * Glucose Chewable Tabs, 20 Grams orally * Glucose Gel, one 24 Gram tube orally * Regular Soda: 6 ounces orally * Fruit Juice: 6 ounces orally (Renal patients: Apply Juice only)	:
Glucose Chewable Tabs	
Dextrose [Glucose 4 Gm Chewable Tab]	
✓ 20 gm CHEW PRN tab.chew	PRN Today Now
* PRN Reason	BG<70 & symptomatic
Glucose Gel	
Dextrose Gel [Glucose Gel]	
✓ 24 gm PO PRN gel	PRN Today Now
* PRN Reason	BG < 70 & symptomatic
For Patient Who Cannot Take PO	
Dextrose 50%-Water [D50W 50mL Syr]	DDN Today Nam
✓ 12.5 gm IV PRN syringe * DRN Peason	PRN Today Now

Key points:

- For most critically ill and non-critically ill patients, target a blood glucose range of 140-180 mg/dL.
- Hold off on initially restarting oral diabetes medications on patient admission. Insulin is the treatment of choice for most hospitalized patients since it's fast-on-fast-off and can be easily titrated to address changing clinical conditions.
- When restarting home insulin regimens, consider reducing by 20% to decrease the risk of hypoglycemia due to the patient's altered nutritional intake.
- For non-critically ill patients with poor oral intake or those who are NPO, basal insulin + correctional insulin is the treatment of choice. Refer to the order set if you need guidance for initial regimens.
- For non-critically ill patients with good oral intake, basal insulin + nutritional insulin (scheduled bolus doses given with meals) + correctional insulin is the treatment of choice. Refer to the order set if you need guidance for initial regimens.
- Insulin regimens should be re-evaluated daily, taking into account concurrent medications (e.g. steroids) and changes in nutrition. If a patient is made NPO, consider reducing the basal insulin dose by 50%.
- If continuing a patient on their own Insulin Pump, you must utilize the "Insulin Pump" order set. This triggers the required screening to determine if a patient is eligible. Per hospital policy, continuing insulin pumps require a consultation from Endocrinology.

Long-Acting Insulin current therapy	Dose Conversion to Lantus (insulin glargine) on admission
Basaglar (glargine)	100% dose as Lantus
Levemir (detemir)	100% dose as Lantus
NPH – once daily	100% dose as Lantus once daily
NPH – twice daily	80% dose as Lantus once daily
Soliqua (glargine/lixisenatide)	100% of glargine component as Lantus
Toujeo (glargine)	100% dose as Lantus
Tresiba (degludec)	100% dose as Lantus
U-500 insulin	Contact Endocrinologist on call for assistance

What is Human Trafficking?

- Modern-day slavery
- Defined by the United Nations as the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Populations Vulnerable for Human Trafficking

- Victims of childhood abuse or neglect
- Children involved in foster care and juvenile justice system
- Runaway and homeless youth
- Native Americans, Native Hawaiians, and Pacific islanders
- Victims of violence
- Lesbian, Gay, Bisexual, transgender, and Questioning (LGBTQ) individuals
- Migrant workers
- Undocumented immigrants
- Racial and ethnic minorities
- People with disabilities
- People with low incomes
- Those with a history of substance abuse
- Those in communities exposed to intergenerational trauma

How to Recognize Signs of Human Trafficking

- Poor mental health or abnormal behavior such as:
 - Fearful, anxious, depressed, submissive, tense, nervous or paranoid.
 - Avoid eye contact
 - Refuses to change into a gown or cooperate with a physical exam.
 - Behavior does not align with injury or complaint
 - Refuses treatment that doesn't take place during that visit
- Poor Physical Health:
 - Appears malnourished
 - Signs of repeated exposure to harmful chemicals
 - Signs of physical and/or sexual abuse, physical restraint, confinement or torture

How to Recognize Signs of Human Trafficking

Other signs:

- Is not in control of identification
- Is not allowed to speak for themselves
- Claims they are "just visiting"
- Not able to clarify address or where he/she is staying
- Unsure of where they are
- Loss of sense of time
- Inconsistent in story
- Tattoo(s), brand(s), or other marking(s).

Health problems that may alert health care providers to human trafficking

- Burns
- Fractures
- Bruises/contusions
- Respiratory and other infections
- Tuberculosis
- Sexually transmitted Diseases
- HIV infection
- Pregnancy
- Abortion-related complications
- Abnormal vaginal discharge
- Chronic vaginal and cervical infection
- Pelvis inflammatory disease

What to do if human trafficking is suspected

- Use a victim-centered response
- If the victim is minor contact CPS
- Remain non-judgmental
- Observe body language and communication style of patient and those with him/her
- Use plain language
- Try to examine patient privately
- Use an interpreter if needed
- Build a trusting rapport with patient

What to do if human trafficking is suspected

Simple Screening Questions:

- Where do you sleep and eat?
- Do you live there with other people?
- Is your family there, or nearby?
- Are the doors and windows locked so you cannot get out?
- Has your ID of documentation been taken from you?
- Have you been denied food, water, sleep or medical care?
- Have you been threatened if you try to leave?
- Has anyone threatened your family?
- Have you been physically harmed in any way?
- Are you being forced to do anything you do not want to do?

PATIENTS IN POSSESSION OF UNIDENTIFIED SUBSTANCES OR SUSPECTED CONTRABAND





UNIDENTIFIED SUBSTANCES & SUSPECTED CONTRABAND

- There is a hospital policy that outlines the process to follow when patients are in possession of an unidentified substance or controlled substance (Policy # 5696)
- All staff, including medical staff, are required to notify Security about the discovery of an illegal substance, who will determine whether civil authorities should be contacted.
- Any individual who has knowledge of the presence of illegal substances on hospital premises is responsible for notifying appropriate hospital personnel.

DEFINITIONS – UNIDENTIFIED SUBSTANCES & SUSPECTED CONTRABAND

- ➤ Unidentified Substances substances that are not identifiable, this includes but not limited to medications that are not in a prescription bottle with the patients name
- Contraband For purposes of our SVMH policy "contraband" is defined as any illegal drugs or substances which include the associated paraphernalia used to aid in the administration of such prohibited drugs or substances.

NOTIFICATION STEPS FOR UNIDENTIFIED SUBSTANCES & SUSPECTED CONTRABAND

- Notify the Department Director/Administrative Supervisor/Security of any unidentified substances/suspected contraband being used or in the possession of a patient/individual.
- The Department Director/Administrative Supervisor/Security is to notify the patient or other individuals that hospital policy prohibits the possession of illegal substances and requires confiscation of the substance.
- Patients are made aware of prohibition of illegal substances in the Conditions of Admission.
- > Report the incident to the patient's physician immediately.

CONFISCATION OF UNIDENTIFIED SUBSTANCE & SUSPECTED CONTRABAND

- Staff may inventory a patients belongingings after obtaining verbal consent when there is a high suspicion that a patient is in possession of a dangerous object or substance or of a substance or object that may harm others.
 - > The illegal substance is to be destroyed by Security in the presence of a witness.
- If patient refuses to give verbal consent, staff members should rely on Security for direction on how to proceed.
- Under the discretion of the Administrative Supervisor, notify Risk Management prior to any inventory of personal belongings

DOCUMENTATION

- Document in the patient's chart:
 - Date and time of event;
 - Notification of Security, MD, Risk Management etc., involved in addressing event.
- > Security to document in the security incident reporting system:
 - If substance was destroyed, name of employee who destroyed the substance as well as the name of the witness;
 - Signature and title of documenting staff;
 - Date and time of event;
 - Document the details of the circumstances that caused any inventory of a patient/personal belongings for contraband
- Complete an occurrence report in the WeCare system

Emergency Preparedness and Emergency Codes

Rapid Regulatory 2021



Emergency Planning



We have developed specific policies, plans, and procedures to address six critical areas of emergency preparedness:

- 1. Communication during an emergency
- 2. Managing resources and assets
- 3. Managing utilities
- 4. Managing security and safety
- 5. Managing staff responsibilities
- Managing patients clinical and support activities

Emergency Planning



All Hazards Plan

- Because you can't always predict the nature of an emergency, organizations –including oursestablish an "all hazards" plan that allows us to respond effectively regardless of the nature of the emergency.
- This plan is called the Emergency Operations Plan. At the department level we have created Emergency Preparedness Procedures.

Emergency Preparedness Procedures



 Our organization conducts a hazard vulnerability analysis annually to identify specific types of emergencies that we are likely to face. Based on that analysis, we develop specific preparations and response procedures for each of these emergencies. The Emergency Preparedness Procedure guidebook is

located in each department and contains these response procedures.



Emergency Codes

Emergency Notifications Codes					
TO INITIATE ANY CODE, CALL EXT. 2222					
EMERGENCY	CODE				
FIRE	CODE RED				
MEDICAL EMERGENCY ADULT (14 YEARS AND OVER)	CODE BLUE				
MEDICAL EMERGENCY PEDIATRIC (31 DAYS TO 13 YEARS)	CODE WHITE				
MEDICAL EMERGENCY NEONATAL (0 DAYS TO 31 DAYS)	CODE WHITE NEONATAL				
HAZ MAT SPILL	CODE ORANGE				
ELOPEMENT	CODE GREEN				
INFANT ABDUCTION	CODE PINK				
BOMB THREAT	CODE YELLOW				
COMBATIVE PERSON	CODE GRAY				
PERSON WITH A WEAPON	CODE SILVER				
ACTIVE SHOOTER	CODE SILVER ACTIVE SHOOTER				
ER CAPACITY OVERLOAD	CODE PURPLE				
INTERNAL DISASTER	CODE TRIAGE INTERNAL				
EXTERNAL DISASTER	CODE TRIAGE EXTERNAL				
ASS CASUALTY INCIDENT CODE TRIAGE EXTERNAL, MCI					



Emergency Codes



- In addition, the following 2 codes have been added and are specific to OB:
 - ➤ OB STAT: Obstetrical emergency, during pregnancy
 - ➤ OB STAT, Postpartum: Obstetrical emergency, postpartum (after pregnancy)

Hospital Incident Command System (HICS)

- SVMH adopted HICS to align with the FEMA National Incident Management System (NIMS).
- NIMS compliance allows SVMH to be eligible for Federal disaster reimbursement.
- Staff and leaders may be required to take FEMA related courses to maintain SVMH's ability to be resilient to disaster.

Emergency Scenario #1



 You are on shift and you notice a foul and irritating smell that appears to be coming from the ventilation system and is permeating the patient care areas on your unit.

What is your first course of action?

Emergency Scenario #1: Answer



- Safely move patients out of the area to an unaffected area down the hall. This is called a "lateral evacuation". If a lateral evacuation cannot be done, consider moving patients to a floor below yours. This is called a "vertical evacuation".
- The department Manager/Director should be notified immediately for any kind of evacuation. If the Manager/Director are not available or if it is after normal business hours, notify the Administrative Supervisor on duty.
- In a situation like this the Hospital Incident Command System (HICS) may be activated. Further instructions from the Incident Command Center would follow.

Emergency Scenario #2



- The Hospital Incident Command System (HICS) has been activated due to an unexpected loss of water in the facility. You are on duty and you answer a phone call from a local news agency asking how the loss of water is impacting the patient care.
- Your next course of action is to do what?

Emergency Scenario #2: Answer



 Do not speak to any news agency about the incident. Ask them to contact the Public Information Officer.

 The Public Information Officer should be contacted by calling the Incident Command Center when activated.

SVMH Preparedness Contact



For question or presentations contact

Rob Ferris, DM, MS, CHEP, CHEC rferris@svmh.com

x1861



CONGRATULATIONS!

YOU HAVE COMPLETED THIS E-LEARNING OF:

EMERGENCY PREPAREDNESS AND EMERGENCY CODES





General Safety & Security

The expectation at SVMHS is that we all *Own Our Area*.



If you become aware of an unsafe or potentially unsafe situation, please report it immediately to the supervisor of the care or work area.

If an incident occurs, please take actions necessary to protect yourself and others from harm and report the incident immediately to the supervisor of the care or work area.



INJURY PREVENTION

Tips for Preventing Injury

Plan Ahead

- Plan your workday in advance. To avoid unnecessary work, set the order of the tasks you have been assigned.
- Before starting, make sure your tools and equipment are in good working order.
- Coordinate with other workers to arrange for help before starting the job.

Protect your Body

- Identify special tasks that require additional personal protective equipment (PPE), patient lift or mobility equipment, materials, and other needed equipment to safely do your job.
- Choose footwear that won't slip and that protect your feet.
- Alternate heavy and lighter tasks throughout the day, if possible.

Talk to Someone

- ☐ Establish the best way to accomplish each task. If in doubt, talk to your supervisor and ask questions.
- □ Share issues and concerns with your supervisor or your department's Safety Champion.

Pay Attention

- ☐ Be aware of your surroundings and changing conditions at all times.
 - ☐ Examples include placement of furnishings and equipment, uneven pavement, wet floors, swinging doors, and poor lighting. This will help prevent slips, trips or falls.
- Pay attention to the task. Hazards are still present even though you have been doing the work for years.
- Don't walk while texting





Back Safety & Lifting Techniques



Risk Factors for Back injury

- Squat to lift. Do not bend at the waist.
- Keep your low back bowed in while bending over.
- □ Keep the weight as close to you as possible.
- Bow your back in and raise up with your head first.
- ☐ Turn with your feet, not your body.
- Never jerk or twist
- Put the weight down by keeping your low back bowed in.
- ☐ Keep your feet apart, staggered if possible.
- Wear shoes with non-slip soles.

- ☐ Lifting with your back bowed out
- ☐ Bending and reaching with your back bowed out
- ☐ Slouched sitting
- ☐ Twisting or jerking movements
- ☐ Lack of proper rest
- ☐ Stressful work and living habits







Injury & Illness Prevention Program

The SVMH Illness & Injury Prevention Program was developed to assist staff in maintaining a safe and healthy work environment through:

- Establishment of safety policies and procedures
- Communicating these policies to staff
- Ensuring all staff comply to maintain a safe work environment



Components

Training

Staff receive training and instruction on general and job specific safety and health practices.

Methods of training may include: online, department-specific training, and hands-on training.

Management

Staff are made aware of safety and health policies, procedures, and equipment during orientation and as needed.

Department Leadership is expected to enforce safety rules fairly and uniformly and hold staff accountable to adhere to the rules.

Staff

All employees are expected to utilize safe work practices by following all safety directives, policies, and procedures of SVMH.

Everyone is responsible in maintaining a safe work environment.

Hazard Assessment

Periodic inspections are done and consist of identification and evaluation of workplace hazards.

Employees should report hazards to their immediate supervisor and/or the Safety Office.

Communication

Open, two-way communication between management and staff on health and safety issues is essential to an injury free, productive workplace.

SVMH has a system of communication that is designed to facilitate a continuous flow of information between management and staff in a form that's readily understandable and outlined in the IIPP.

Hazard Correction

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards.

Injury & Illness Prevention Program

Reporting Injury, Illness or Exposure for Investigation:

- The employee should notify his or her supervisor and the Employee Health Nurse following each accident or workrelated illness.
- The Infection Prevention Nurse should be notified in the event of a possible exposure, or situation that may put others at risk for infection.
- An investigation will take place to determine the cause of the injury or illness and take corrective actions to help prevent reoccurrence.
- Investigations also help record the findings and corrective actions taken.



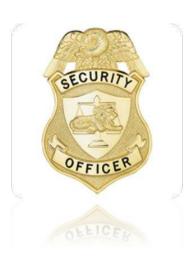
COVID-19 Staff Safety Practices

Please do your part to protect yourself and our patients to prevent the spread of the virus:

- * Each day prior to reporting to work, use the Conversa Health Screening tool to obtain an entry pass to the hospital or your designated work location.
- * Wear an SVMH-provided mask when entering the hospital or off site location, and wear all personal protective equipment as required for your job.



- * While at work, wear your mask at all times unless eating or drinking in the cafeteria or a staff breakroom.
- * Wash your hands with soap and water (at least 20 seconds) or use alcohol based hand rub. Do this often.
- * Observe "Maximum Occupancy" signs posted on the door to each staff breakroom.
- * In order to ensure social distancing in staff breakrooms, tables and chairs must stay in place (marked by red/white tape on the floor). Don't move more furniture into any staff breakroom without prior approval of the Safety Office.
- * All staff are strongly encouraged to receive the COVID-19 vaccine when it is offered.
- * Visitors must meet SVMH visitor policy rules. They need to be screened at the main entrance.
- * For SVMH COVID-19 policies and procedures: click on the "Policy Tech" Quick Link on STARnet and enter "COVID" or click on "Special Circumstances" link.
- Follow all SVMH Infection Control Policies and Procedures.
- * For more information, please click here for the daily "Communication" email that is sent out to all staff.



SECURITY

Providing for a Secure Environment

Here are basic actions that you can take to provide a secure environment:

Hospital Safety:

- 1. Wear your identification badge at all times.
- 2. Question the presence of individuals in your work area that are unfamiliar to you or lack proper identification.
- 3. Be observant as to who is in your area. Should they be there?

Any person without a visitors badge needs to be directed to the main lobby for proper identification/screening.

- 5. Keep your personal articles and valuables secure. Do not bring personal items of value to work with you.
- 6. Lock desks or doors to offices when not in use.
- 7. Secure equipment in their appropriate area(s).

Personal Safety:

- ✓ Secure your vehicle when you leave it. Do not leave any items of value in plain view as this could encourage a vehicle burglary.
- ✓ Park in designated employee parking lots.
- Call security to escort to your vehicle or to another location on campus.
- ✓ When possible, travel in groups to and from the hospital.
- ✓ If you observe someone following you while driving your vehicle: go to the police department, fire department, or any business that is open, and blow your horn in order to attract attention.



Contact security at ext. 5301 for all suspicious activity.

Code Pink

Always be sure to:

- ✓ **Utilize the badge reader** when entering the Pediatric unit
- ✓ Educate family to utilize the audio/visual monitoring system to enter the Pediatric unit



When you become aware of a possible infant or child abduction:

CALL 2222

Ask to page "CODE PINK"

All Staff Responds

All staff go to their own nearest exit to deter anyone from exiting the building

SEARCH

All staff conduct an immediate search within the department and the surrounding areas. All people exiting the building need to be screened.

Have the person open all belongings large enough to conceal a baby and ask them to move items so you can see the bottom of the bag.

When the security alarm is activated: certain doors surrounding infant and pediatric areas stop someone from exiting for 15 seconds while sounding the alarm. After 15 seconds, the door will open. This allows staff to exit in the event that an evacuation is necessary.

KEEP PUSHING.
THIS DOOR WILL
OPEN AFTER 15
SECONDS.
ALARM WILL
SOUND.

Workplace Violence

Workplace Violence is:



- The threat or use of <u>physical force</u> against an employee by a patient or a person accompanying a patient that results in, or has a high likelihood of resulting in, injury, psychological trauma, or stress, regardless of whether the employee sustains an injury; and/or
- An incident involving the use of a dangerous weapon (such as a firearm), regardless of whether the employee sustains an injury.

SVMH Has NO Tolerance for this behavior



Reporting Workplace Violence:

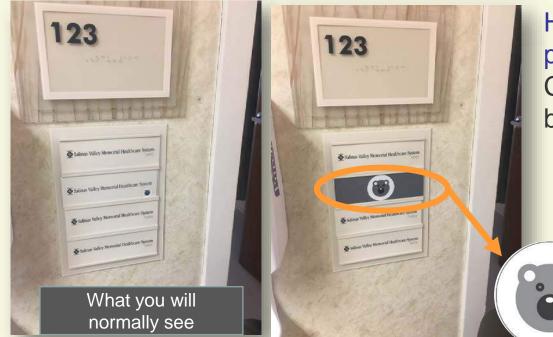
- Immediately report any acts or threats of violence to the Administrative Nursing Supervisor and to Security Department.
- 2. If a non-employee (patient, visitor, vendor, etc.) reports an incident to you, immediately report this to your direct supervisor and to Security Department.
- 3. If it looks like serious bodily harm is imminent or likely, call 911 first.
 - 1. From internal phones, you'd need to dial 9-911



Use The 3 Bears

If you see this sign posted outside of a patient room, <u>STOP!</u> Talk to the Charge Nurse before entering the room.

The purpose of this sign is to alert you to a patient (or someone accompanying the patient) with aggressive, or potentially aggressive, behavior.



How do I inform other staff of potential risk?

Communicate patient/visitor behavior:

- •With Charge Nurse as needed
- Department huddles
- Hand-off opportunities

The Workplace Violence Prevention Committee includes frontline staff who continue to review and make changes to create positive outcomes for the program.

More Actions for Preventing Violence

CRISIS Continuum Tool	Stage 1 (Early)	Stage 2 (Middle)	Stage 3 (Late)	Stage 4 (Crisis)	Stage 5 (Resolution)
(CDC, 2011)	Normal stress and anxiety.	Rising anxiety. Can result	Severe stress and	"Out of control" unable	Person may be ashamed
	Results from everyday	in individuals appearing	anxiety. Behaviors are	to process information	of own behavior.
What it looks	annoyances and	confused and unable to	more disruptive, may	or follow instructions.	Tearful
	frustrations. Individuals	make a decision. Voice is	begin to shout, swear or	Unpredictable. <i>Highest</i>	Apologetic
like:	are still in control of their	high-pitched and may	make threats.	risk for harm to self	
	behavior and emotions.	display repetitive finger		and others.	
		or toe tapping.			
Mitigating Interventions	<u>VERBAL</u>		In addition to actions	Remove yourself from	Allow expression of
(CDC, 2011)	Allow the person to express themselves.		from earlier stages, add	the situation maintain a	feelings
	Use a shared problem solving approach.		actions to protect self	safe distance from	Maintain empathy
	Be empathetic.		and others:	danger. Violence is	Counseling referral
What to do:	Avoid being defensive. Apologize if appropriate.		Don't go alone;	about power and	Allow person to "save
write to do.	Follow through.		Call Security;	control, in particular	face" (prevent feeling of
	Avoid blaming or "It's not my job".		Stay near an exit or have	over another person.	shame).
	Don't interrupt. NON-VERBAL Maintain a calm demeanor. Use non-threatening eye contact. Smile. Hands open and visible. Avoid pointing. Avoid laughing or inappropriate smiling. Listen and nod to reflect paying attention. Respect personal space. Avoid physical contact – could be misinterpreted. Approach from the side or at an angle. Act with confidence. Consider calling Security.		an unobstructed path to	Feeling out of control	Re-establish rapport
			the exit;	can lead to attempts to	
			Attempt to set limits;	regain control thru	
			Avoid issuing threats and	violence.	
			set limits instead;	If not already done, call	
			Avoid "standing up" to	Security;	
			the patient;	Anticipate use of	
			Be aware of patient's	meds or restraints.	
			and your own verbal and		
			non-verbal		
			communication and		
			body posture.		
SIGNS AND SYMPTOMS					
STAMP	S = Staring	T = Tone & Volume of	A = Anxiety	M = Mumbling	P = Pacing
(Luck, Jackson & Usher,	Prolonged glaring at the	Voice Sharp or caustic	Flushed appearance	Talking "under their	Walking around a
2007)	person while engaged in	comments.	Hyperventilation	breath".	confined space.
	care.	Sarcasm	Rapid speech	Just audible criticisms	Back and forth
	Absence of eye contact	Demeaning tone	Dilated pupils,S/S of pain	Repetition of questions	Flailing in bed
	(cultural?)	Increase or decrease	Lack of understanding	Slurring	"resisting" care

Active Shooter

RUN – Evacuate the area or premises ONLY • if it is safe to do so •



HIDE – If you are not able to evacuate, seek shelter out of the view of the shooter



FIGHT BACK – If evacuation or hiding is not possible and your life is in danger, fighting back may be necessary



- Have a predetermined escape route planned in advance
- Evacuate the area, even if others refuse to do so
- Do not attempt to gather or take any belongings with you
- Help others escape if it is safe to do so
- Do not stop and attempt to assist or care for wounded until you are safe
- Follow the instructions of all Law Enforcement Officers
- Call 911 when it is safe to do so
- Hide in a locked room or area (Safe Zone)
- Turn out lights and silence all radios, TV's, phones, etc.
- Barricade the door with heavy furniture
- If with a group of people, spread out. Do not huddle together
- Inside the Safe Zone, seek further shelter in closets or offices
- Hide behind large items such as desks or couches
- Do not come out of hiding until contacted by Law Enforcement
 - Remain calm and control your fear
- If with a group of people, reassure that Law Enforcement is on the way, create a plan to fight back:
 - Have people create a diversion when confronted by the shooter
 - Throw objects, yell and scream at the shooter
 - Have others aggressively fight and subdue the shooter until no longer a threat
- If alone and confronted by the shooter, be aggressive as possible, yell and scream, throw items and improvise weapons to subdue and stop the shooter

POLICE RESPONSE



- Law Enforcements goal is to confront and eliminate the threat the shooter is creating
- Police will not stop to care or treat wounded, they will proceed directly to the threat
- Police may be uniformed or in civilian clothes, armed with a variety of weapons
- Police will issue commands, sometimes shouting and forcing people to the ground
 - Follow all commands from police
 - **Do not** have any items in your hands (phones, keys, etc.)
 - Raise hands, keep fingers spread
- Do not make quick movements, point or yell at police
- **Do not** attempt to touch or cling to police
- If asked, provide information about shooter and location



FIRE SAFETY

Keep Your Area "Fire Safe"

Keep 36 inches clear around:



Pull stations



Fire Extinguishers



Med Gas Shutoffs



Electrical Panels

Keep 18 inches clear below sprinklers:







Uncluttered corridors
make it easier to evacuate
during an emergency

What can be kept in hospital corridors?

- Mobile crash carts
- Mobile isolation carts designated for a patient
- Mobile items that are "in use" (will move at least every 30 minutes)

Fire Response Procedures

We have a formal procedure called

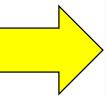


"Code Red"

If a fire occurs in your work area, you should respond away from the origin of the fire:

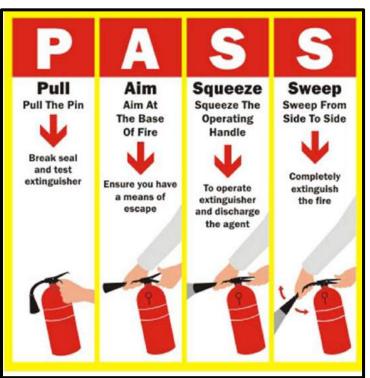
- ✓ Clear hallways of equipment
- ✓ Close doors to rooms
- ✓ Reassure patients
- ✓ Prepare for possible evacuation
- Continue normal care activities and await instructions
- ✓ Cooperate with fire fighting personnel

Remember R.A.C.E.R and P.A.S.S if the fire is in your area



R.A.C.E.R:

- Rescue people away from the fire
- ACTIVATE Dial 2222 (offsites dial 911)/ Pull nearest alarm
- CONTAIN the fire close doors
- EXTINGUISH the fire if safe
- RELOCATE evacuate if necessary



Fire Safety in Procedural Areas

Surgical fires can only occur when all three sides of the "fire triangle" are present:

Oxidizers:

Supplemental oxygen

Fuel:

- Surgical drapes
- Alcohol-based skin prep agents
 - The Patients themselves



Ignition Sources:

- Electrosurgical units
- Electrocautery devices
- Lasers
- Fiber optic light sources
- Laparoscopic electrodes

20-30 patient injuries result in serious disabling/disfiguring across the US annually.

Strategies for Managing Each Side of the Fire Triangle:

- If supplemental oxygen is necessary, use a closed oxygen delivery system (like an endotracheal tube or laryngeal mask)
- Deliver the minimum oxygen concentration needed for the patient and the particular surgical procedure
- Flammable antiseptics should not be allowed to pool during skin prep
- Ensure appropriate dry time by using timers
- Alcohol-soaked materials should be removed from the prep area.
- Adequate drying time should be allowed for the antiseptic (as prescribed in the labeling)
- Extend drying time when antiseptic is used in skin folds or on hairy areas of the patient.
- These should always be shielded from the patient and placed in holster, not on drapes or on the patient, when not in use (e.g. Unplug Bovie or remove tip)
- Alternatives to these devices should be considered whenever surgery is being performed in the head, neck or upper chest area and high concentrations of supplemental oxygen are being delivered.

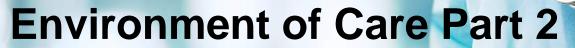
Additional Important Prevention Measures:

- Conduct a fire risk assessment before any surgical procedure begins and share this among the entire team. Consider whether there is low humidity that day.
- Everyone in the OR must communicate openly and honestly before, during and after the procedure

CONGRATULATIONS!

YOU HAVE COMPLETED THIS E-LEARNING OF:

ENVIRONMENT OF CARE- PART 1 SAFETY, SECURITY & FIRE SAFETY



Hazardous Materials, Medical Equipment, Electrical and Utilities Safety

Rapid Regulatory 2021





HAZARDOUS MATERIALS

Hazardous Chemical Safety

Know Where to Find Safety Data Sheets:

Remember, Safety Data Sheets (SDS) provide information on chemicals found in your work area and give basic information about the chemical and how to use it safely.

1. SDS is now available on the STARnet homepage under Quick Links

Avoid Exposure:

- 1. Know the chemicals you work with. Follow all directions carefully.
- 2. Always allow adequate ventilation.
- 3. Always wear required PPE.
- 4. If you do not know about the chemicals in your work place, ASK your supervisor.

Quick Links Room Commander Safety Data Sheets (SDS) Shared Governance Ref... SVMH Online Store Vendor Registration Volunteer Hours WIN Tip Sheets

Know the Hazard Warning Symbols:















Explosive Flamm

Flammable

Oxidizing

Compressed Gas

d Harmful (i.e. eye irritant)

Corrosive

Acute Toxicity (severe)

Health Hazard (e.g. Carcinogen)

Code Orange



If you encounter a spill that's a known hazardous material- or you don't know what it is- here's what to do:

INCIDENTAL SPILL:

 Incidental releases are limited in quantity, exposure potential, or toxicity and present minor safety or health hazards to employees in the immediate work area or those assigned to clean them up.

WHAT TO DO:

- Clean the spill, if you are trained to do so and have the appropriate PPE.
- If you're not trained in Spill/Release Clean Up, Call 2222 to report a Code Orange Keep others away from the spill.

EMERGENCY SPILL:

- The spill creates a **life- or injury- threatening condition**, the condition requires the assistance of emergency personnel
- Condition requires immediate evacuation of all employees from area or building;
- The spilled/released material is highly toxic, biohazardous, radioactive, flammable or explosive;
- You feel physical symptoms of exposure.

WHAT TO DO:

- Protect your safety and the safety of those around you.
- Evacuate All Personnel from area and keep them from entering.
- **Dial extension 2222** and communicate to the Operator the type and location of the identified exposure. Operator will overhead "Code Orange".
- Obtain MSDS/SDS Sheet, if you know what the material is.
- Direct responding personnel to the area.

ENGINEERS & SECURITY WILL:

- Obtain appropriate MSDS/SDS Sheet
- If Major HazMat Incident Call Code Orange
- Ensure personal protective equipment (PPE) is used appropriately

ENGINEERS & SECURITY WILL:

- Contact 911 to reach the Monterey County HazMat Response Team
- Keep personnel out of the affected area

Asbestos Safety



Asbestos Facts:

How to Be Safe:

- Various building materials at SVMH contain asbestos, and a notice detailing these is available on STARnet.
- Asbestos becomes a health hazard <u>only when</u> fibers are released into the air where they may be inhaled or ingested. Asbestos does not present a hazard if it is not disturbed, if it is properly covered, or if the fibers are bound, as in floor tiles.

Asbestos at SVMHS is contained and does not pose a health risk.

- If not properly controlled, asbestos may cause asbestosis a scarring of lung tissue, mesothelioma a cancer of the
 chest or stomach cavity lining, or lung cancer. Risk factors
 include the number, concentration and size of the asbestos
 fibers inhaled or ingested; the duration of the exposure and
 the length of time since exposure and susceptibility to disease
 development.
- Although exact risk assessment is difficult, experts agree that
 exposure to <u>airborne</u> asbestos fibers should be minimized to
 the lowest feasible levels.

- Don't move, drill into, sand or otherwise disturb any walls, ceilings, floors etc.
- If you encounter building materials that need to be disturbed prior to performing your work, please contact Plant Operations and Hospital Construction at (831) 755-1723. They will review testing history of the area, coordinate collection and testing of building materials as needed.





WASTE SEGREGATION

		The second		
Regular Waste:	Biohazardous	Sharps:	Pharmaceuticals Waste:	Pharmaceuticals: R.C.R.A.*
Clear Bag	Waste: Red Bag	Sharps	Blue and White	*Federal <u>R</u> esource
		Containers	Containers	Conservation and
Empty IV bags,	Blood and all Other Potentially	All sharps	Medication vials, syringes,	Recovery Act (R.C.R.A.) • ALL Aerosol Inhalers or
Piggyback	Infectious Material	Example: needles, <u>broken</u>	and needles	any other medications under
bags/tubing		glass vials, ampules,	IV/ been and tubing that	pressureEpinephrine
NOT labeled with Patient Health	Blood tubing/ bags/hemovacs/ pleurevacs	blades, scalpels, razors, pins, clips, staples	IV bags and tubing that contain liquid, non-narcotic,	Warfarin /Coumadin Insulin
(PHI) Information OR Hide with a	P. G.	p, cp.c, cp.c.	medication	Unused OR partially used
Label that COMPLETELY	Intact glass or plastic bottles with	All empty syringes or		Nicotine gum or patches Barium
COVERS PHI	bloody fluid or Other Potentially Infectious Material	blood filled syringes	Liquid narcotics and controlled substances must	Birth control pills with Fatrograp OB Fatrodial
Excess LR, dextrose, saline, &	micetious waterial	Introducers, guide wires,	be wasted in the blue	Estrogen OR EstradiolZinc oxide
electrolytes can be poured down	Suction liners with bloody fluid or	sharps from procedures	container	Silver nitrate sticksNitroglycerine tablets,
drain	Other Potentially Infectious Material	etc.	American anticular constant	Unused/residual Acetone
□ Trash	Iviateriai	Use large volume	Any partially used or wasted prescription, over-the-	Gluteraldehyde-packed surgical implants
□ Dressings	Soaked/dripping bloody dressings	sharps container if	counter, narcotic, controlled	Bulk Chemo:
□ Disposable Chux		needed.	substance, and narcotic	all unused
□ Diapers/Briefs□ Sanitary napkins	All disposable items soaked or dripping with blood or Other		patch medications	<u>pourable/drippable</u> = Bulk Chemo
☐ Gloves	Potentially Infectious Material		Example: tablets,	Example:
□ Empty foley bags and other		"NO MEDS IN RED!"	capsules, powders,	 Greater than 8 milliliters Greater than 3% of initial
drainage bags □ Disposable patient items	*WHEN IN DOUBT USE RED BAG	NO IV BAGS OR VIALS	liquids, creams, eye drops, ½ tablets, and patches	volume dispensed (50 milliliters dispensed 1.5
Disposable patient items	BAG	THAT ARE NOT BROKEN	(patches must be cut in ½)	milliliters = 3%)
		BROKEN	Narcotics must be witness	Bulk chemo waste should be placed in the CCC 5 th floor
			wasted.	R.C.R.A. container. Do not return chemo waste to pharmacy.
			Unopened/Unused or	
			Expired Medications:	For all other nursing units, please bag the patient's used and
			Return to Pharmacy	unused medications at time of
				discharge and place in the pharmacy return bin for R.C.R.A. disposal if needed.

- Control of the cont
emo Waste low Box/Ba





Containers or Totes

Patient Information

PROTECTED HEALTH

INFORMATION (PHI)



Non-PHI:

Recycle Bin

Trace Chemo:

All supplies used to make and

administer chemo medication Example: tubing, empty bags/ bottles/ vials, syringes, pads, masks, wipes, contaminated gloves, gowns etc.

Special Waste: Radioactive **Radioactive Material**

ALL MATERIALS CONTAINING PHI MUST be disposed of in locked Containers Examples: PHI on Handwritten or

- computer generated paper wristbands labels, etc
 - magazines newspapers
- embossing cards

- Aluminum cans, plastic bottles, Small, empty cardboard boxes

The following items

should be placed in

these containers for

recycling:

such as glove boxes *NOT TO BE USED

AS A TRASH CAN

- respective containers for recycling: **Batteries**

container

The following items

should be placed in their

USED BATTE

Universal

e-waste:

Containers are located within department or contact Engineering **Department for**



MEDICAL EQUIPMENT



Medical Equipment Failures

For non-emergencies:

- Complete and attach a red Out of Service tag.
- *Be specific what is broken?
- Contact Clinical Engineering (Biomed) at extension 1816 to request pick up.

In the event of an emergency involving a medical equipment malfunction or failure:

- Trade out the equipment with an appropriate spare or
- Take steps needed to ensure the safety of the patient.
- Spare equipment is available for life support and monitoring equipment

If you Need to Reach Biomed after-hours:

Biomed is On-call

- Monday-Friday 5pm-6am
- Weekends from Friday 5pm until Monday 6am

Call the Administrative Supervisor.

Provide them with:

- Your name, title, phone number
- Description of the problem
- Equipment ID number, if you have it

Admin Supervisor calls the Operator, who will connect them to the Biomed On-Call.

Safe Medical Devices Act:

- Any equipment failure resulting in patient injury or death must be reported to the FDA within five days of the event.
- Immediately tag and remove the equipment from service and place in a secure location.
- Notify Risk Management and Biomedical Services.
- Fill out a work order. Do not change the equipment settings. Secure the device with any accessories.

Reminders: When to Call



Always verify a valid biomedical inspection tag (the "PM sticker") before using medical equipment.

If you find a PM sticker that is past due:

- DO NOT USE
- Affix an Out-of-Service red tag
- Generate Biomedical Services work order with the details on the issue
- Call Biomedical Services for immediate response.



Call Engineering if you find a blanket warmer temperature greater than 130 degrees F.

equipment, please fill out the

other side



UTILITIES

Electrical Safety

Our electrical circuits are designed to handle a limited amount of electricity. **Overloading a circuit can cause fires**, so please follow these rules:

Before you plug it in:

- New electrical equipment (refrigerators, microwaves...) must be safety checked by Engineering before use.
- No personal fans or space heaters
- Keep personal devices (cell phones, laptops...) plugged in to a minimum.
- Patient personal devices may not be plugged into RED plugs (emergency power)
- Power strips used in patient care areas have a special rating. They must have an engineering Asset
 Number and annual inspection:



Cord Safety:

- No extension cords are allowed.
- Report frayed/damaged cords or missing electrical face plates to Engineering (ext 1723) for repair.
- Don't place cords near heat or water.
- Never chain together multiple power strips to create an extension:



Electrically- Sensitive Patients

ELECTRICALLY SENSITIVE PATIENTS:

Patients with implantable devices such as pacemakers, or with invasive lines, **are at increased risk of danger** from electric current.

Clinical staff should be aware of the dangers of electricity to electrically sensitive patients.

Take these additional precautions:

- Be sure to inspect electric plugs before using electrical equipment around patients.
- No personal type electrical equipment should be used in patient care areas.
- Unplug equipment carefully; avoid pulling on the cord to prevent damage to the cord and plug connection, and ensure that there is a grounded/three pronged plug on equipment used on or around patients.
- Know what actions to take before the equipment fails. Be familiar with failure response procedures.
- Make sure you have the standby supplies and equipment you need in case of equipment failure.
- **If equipment fails**, support the patient and provide for immediate care needs.
- Pull the equipment, mark it as "out of service" and notify Biomed at ext. 1816





Utilities FAQs

Q: Who Do I call if there is a Utility Failure?



A: Contact Plant Ops at ext.1723 for failure of:

- Electricity
- Water
- Heating
- Cooling
- Medical Gases
- Suction
- Loss of Emergency Power
- Pneumatic Tube

Q: Who has authority to shut off the oxygen supply during an emergency?



A: The only staff authorized to shut off any medical gas in the event of an emergency are:

- Administrative Supervisors
- Respiratory Care
- Plant Operations

At Ryan Ranch, the on-site qualified personnel has the responsibility for oxygen shutdown in the event of an emergency.

Q: How do I know which electrical outlets are connected to the backup generator?

A: All outlets in the following departments have emergency backup power:

 ICU/CCU, Heart Center, 1 main, 2 main, 3 main, 5 main, Surgery & PACU



Elsewhere, all of the <u>red</u>
<u>electrical outlets</u> are on
emergency back-up power. These
outlets should be used for critical
life-saving patient equipment.

Smoking Policy



- No tobacco products <u>at all</u>
- No marijuana
- No e-cigarettes or vaping products

CONGRATULATIONS!

YOU HAVE COMPLETED THIS E-LEARNING OF:

ENVIRONMENT OF CARE PART 2 HAZARDOUS MATERIALS, MEDICAL EQUIPMENT, ELECTRICAL AND UTILITIES SAFETY

Ethics and Compliance Education



Standards of Ethical Business Practices

- SVMHS has the following documents to help us in our work every day:
 - Standards of Ethical Business Practices
 - Corporate Compliance Plan
 - Various Compliance Policies and Procedures
- These documents apply to all employees, medical staff members, volunteers, contractors, and agents.
- Each individual is expected to read, understand, and comply with those documents.
- Questions? Contact Corporate Compliance x1958 or rjaenicke@svmh.com.

FALSE CLAIMS ACT (FCA)

- Under the False Claims Act, anyone who knowingly submits or causes another person or entity to submit, or knowingly makes, uses, or causes to made or used, a false record or statement to get a false or fraudulent claim paid or approval of government funds can be liable for three times the government's damages plus:
 - Federal: 3x the government's damages + civil penalties of up to \$23,331 per claim
 - State: 3x the government's damages + civil penalties of up to \$11,000 per claim
 - Government costs of bringing the action
 - 10 false claims at \$100 each: \$236,310 federal + \$113,000 = \$349,310 + costs
- "Knowingly" means:
 - Actual knowledge of the information
 - Deliberate ignorance of the truth or falsity of the information
 - Reckless disregard for the truth or falsity of the information.
- Proof of intent is not required.
- The FCA contains whistleblower provisions which allow anyone with evidence of fraud to sue on behalf of the government in order to recover overpayments of federally funded health care programs.



Conflict of Interest (COI)

- Private interests improperly influence performance of our duties and our responsibilities to SVMHS.
- May be actual or potential.
- Examples:
 - Making hiring decision about a relative.
 - Accepting gift certificates, money, tickets from a vendor or patient.
 - Contracting on behalf of SVMHS with a business in which you have a financial interest.
 - Diverting business to a competitor because you have a friend who works there.
- If you have questions and if you think you may have a potential conflict of interest, contact the Compliance Officer:
 - 831-759-1958
 - rjaenicke@svmh.com

Receiving Gifts

From	What Should We Do?
Patients and their families	Discouraged. Suggest giving to Foundation.
	If not accepting would have a detrimental effect on patient or hospital system, discuss with Department head, who will log it and contact Compliance.
Vendors	OK if providing significant education AND venue is conducive to educational purpose. Attendance records required.
	Meals < \$300 per attendee unless senior leader approves. Annual value < \$500 unless senior leader approves.
	Department head will log it.
Perishable Items from anyone	Must be shared with department and, where possible, made available to the public.
	< \$500 per occasion from same source < \$1,000 annually from same source
	Department head will log it.

Gifts



Giving Gifts

То	What Should We Do?
Other employees	OK if reasonable value based on the occasion and hospital funds not used
In the course of business	Gift cards OK. If specific amount, check with Accounting to determine if taxable.

Requesting Gifts

Only if authorized to do so for approved hospital functions.

Questions?
Contact Compliance Officer
rjaenicke@svmh.com

Other Important Areas

- Federal Anti-Kickback Statute prohibits any SVMHS employee from accepting or granting bribes or kickbacks in exchange for referrals of Medicare patients.
- Employee personal information (e.g., salary benefits, etc.) should only be accessed when/if appropriate for our job responsibilities.
- We are committed to use corporate property responsibly and for its intended use.
- No one may agree to an endorsement or testimonial of any product or service for a supplier, vendor, or trade and professional organization, without the approval of the President/CEO or designee.

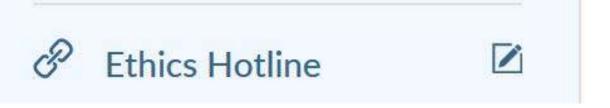
Anonymous Reporting

Welcome to STARnet!









No retaliation for reports made in good Faith.

How to Report

- Make a Report
- Follow-up on a Report
- Compliance Program
- False Claims Act Policy
- Standards of Ethical Business Practices
- Discrimination/ Harassment Policy
- Gift, Ticket And Honoraria Policy

EthicsPoint is NOT a 911 or Emergency Service:

Do not use this site to report events presenting an immediate threat to life or property. Reports submitted through this service may not receive an immediate response. If you require emergency assistance, please contact your local authorities.

Our Commitment

Salinas Valley Memorial Healthcare system is dedicated to providing high quality and safe care for our patients and also providing employees a safe and productive workplace. Our standards of conduct are based on a broad definition of integrity that must govern our actions in all relationships including those with patients, referral sources, suppliers, providers and one another. SVMHS has instituted a Compliance and Ethics Plan in accordance with federal guidelines. Our commitment must include compliance with all applicable laws regulations and policies. We must all be personally committed to follow our Compliance and Ethics Plan.

Your job is to:

- Take Responsibility
- Keep it legal
- · Do the right thing
- · Report any concerns
- · Follow the SVMHS Standards of Conduct

The Board of Directors and the Management of SVMHS value your input. That is why we have selected EthicsPoint to provide us with an ANONYMOUS and CONFIDENTIAL method to hear your suggestions, concerns or reports of inappropriate behavior or actions. Your report cannot be traced back to you if you chose to report anonymously. There is no audit capability. Your confidentiality is completely protected. We guarantee that we will listen to your comments.

We believe that SVMHS's viability and integrity depend on the protection of our critical assets, including our people, physical assets and our information. We appreciate your support and cooperation in keeping SVMHS an ethical organization.

> To Make a Report

You may use either of the following two methods to submit a report:

Select the "Make a Report" link at the top of this web page.

OR

 Dial toll-free, within the United States, Guam, Puerto Rico and Canada: 888-274-8231

After you complete your report you will be assigned a unique code called a "report key." Write down your report key and password and keep them in a safe place. After 5-6 business days, use your report key and password to check your report for feedback or questions.

CONGRATULATIONS!

YOU HAVE COMPLETED THIS E-LEARNING OF:

ETHICS AND COMPLIANCE EDUCATION

HIPAA Privacy & Security

Rapid Regulatory 2021



Safe Computer Practices

 Users must report any suspicious activity to our Help Desk at extension 1738 or HelpDesk@svmh.com.



- Under no circumstances should any involvement in patient care be discussed or shared on any form of social media.
- No photography.
- Only use SVMHS secure texting.
- SVMHS audits our systems and networks.







Cyber Security

- Never Share your password(s) with anyone
- Never open an email from someone you are not familiar with.



- Never open an email, attachments, or links that you're not expecting without checking with the sender.
- If you have any suspicious events with your user account (repeated lockouts) report to help desk.







Phishing Emails

- A phishing email is an email intended to lure you into providing sensitive data or possibly install malware or bad software, usually both.
- Emails from the outside will have a banner at the top take special caution with these and do not click on hyperlinks or attachments unless they are from known senders.

CAUTION: This email came from an external sender. Do not click on links or open attachments unless you are sure you recognize the sender and you know the contents are safe.

 Use a different password for accounts at work than you do with any other accounts you have – personal email, banking, on-demand video and more.





Our Acceptable Use Policy outlines requirements of staff and other users using computing devices on our network. Good judgement and caution are required to ensure the ongoing privacy and security of our sensitive data:

https://policytechv.winroot.svmh.com/dotNet/documents/?docid=9171

Good Security Depends on Everyone!

Not all scenarios can be accounted for so the policy provides some examples and a general guideline. Again, use good judgement, be vigilant and cautious. Call the Help Desk with any questions or concerns. (831) 755-0738 or HelpDesk@svmh.com.



What is Protected Health Information?

- Any health information that is individually identifiable; thus traceable back to a patient
 - Relates to past, present and future health information
 - Identifies the individual
 - Includes photos
 - Demographic Information
- Where is ePHI?
 - Computer hard drives, thumb drives, email, files
 - PHI: Paper, armbands, forms/reports







What are PHI Identifiers?

Identifiers attached to health information which can be used to identify the patient. (Example: Posting on Facebook)

* Name	Postal Address	All Elements of Dates Except Year	Telephone Number	Fax Number	E-mail Address
URL Address	IP Address	Social Security Number	Account Numbers	License Numbers	Medical Record Number
Health Plan Beneficiary Number	Patient Device Identifiers and Their Serial Numbers	*Any Other Unique Identifying Number, Code, or Characteristic	Biometric Identifiers (Finger or Voice Prints)	*Full Face Photos or Other Comparable Images	Vehicle Identifiers



Key Things to Know

- Do not access, use or disclose PHI without a "need to know" to do a job function.
- Do not use or share more information than is required to do the task at hand.
- Do not use or share PHI with an individual who is not involved with the patient's care. Ask the patient first or ask the individual to leave the room.
- Do not access your own PHI. Use the patient portal or request copies through HIM.



Key Things to Know

- Do not hand the patient the wrong information.
 Check patient ID on documents.
- Do not discuss patient care on any form of social media.
- Use "sendsecure" in subject line of email when sending PHI outside of SVMH.
- Performing a job function on a friend or relative should be passed off to a co-worker if they are available.



Fines & Penalties

- A licensed health care professional who knowingly and willfully obtains, discloses, or uses medical information in violation of the California Medical Information Act is subject to a fine or penalty not to exceed:
 - \$2,500 for a first violation
 - \$10,000 for a second violation
 - \$25,000 for a third or subsequent violation.
- The Office of Civil Rights can also fine SVMHS and any healthcare professional.



Privacy Protection

- NEVER leave any document with patient information viewable to ANYONE.
- Minimize computer screen when not in use.
- When using the WOW in the Hallway, the computer screen should not be visible to anyone when computer in use.
- Position computer screen to face the wall.
- If your computer has a privacy screen, DO NOT remove it.



HIPAA Privacy & Security

Rapid Regulatory 2021







PURPOSE

Inform the Employee:

How to protect yourself

How to protect our patients and visitors

How to decrease risk to all workers in the healthcare environment by raising awareness of potentially dangerous practices that increase risk of exposures.

Guidelines:

Preventive Practices

- Hand washing Practices
- Personal Protective Equipment
- SharpsContainers

HAND WASHING

Hand Hygiene Includes:

- Using Alcohol Hand gel, rubbing until completely dry
- GOOD HAND WASHING: 15-20 seconds

TAKING CARE OF DERMATITIS:
Reporting of skins lesions or rashes to
your Manager and Employee Health

HAND CARE (LOTIONS, COVER CUTS)

WHEN HANDS ARE VISIBLY DIRTY OR SOILED WHEN MOVING FROM A CONTAMINATED SITE TO A CLEAN SITE BEFORE & AFTER PATIENT CARE WHEN CARING FOR PATIENTS WITH C. DIFFICILE WHEN CARING FOR PATIENTS WITH C. DIFFICIL WHEN CARING FOR PATIENTS WITH C. DIFFICIL WHEN CARING FOR PATIENTS WITH C. DIFFICI

AFTER CONTACT WITH INANIMATE OBJECTS including medical equipment

BEFORE EATING

AFTER USING THE RESTROOM

C-difficile Hand Washing

Do NOT use the alcohol based hand sanitizer

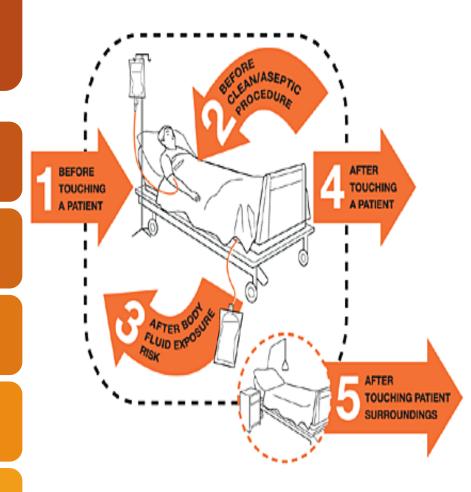
C-difficile lives on surfaces for extended periods and can result in staff illness in addition to cross contamination to other patients.

C. diff is a spore that needs 15-20 seconds of friction from hand washing with soap & water to remove from your hands.

MY 5 MOMENTS FOR HAND HYGIENE

This approach recommends health-care workers to clean their hands:

- 1. Before touching a patient,
- 2. Before clean/aseptic procedures
- 3. After body fluid exposure/risk
- 4. After touching a patient, and
- 5. After touching patient surroundings



Hand Hygiene Fingernail Care & Jewelry

Germs can live under artificial fingernails & natural fingernails both before and after using an alcohol-based hand sanitizer and handwashing

Any SVMH staff member, which includes but is not limited to all clinical staff, contracted staff, volunteers and providers are not to wear any type of artificial fingernails (acrylic/gel "polish" overlay) or extensions when having direct contact with patients, or the patients environment, or when working in a patient care area/department.

Keep natural nail tips less than ¼ inch long

Some studies have shown that skin underneath rings contains more germs than comparable areas of skin on fingers without rings

Personal Protective Equipment (PPE)



Appropriate PPE Usage:

PPE must be worn when performing activities where potential exposure to bodily fluids could occur. PPE are single use items and must be removed and properly disposed of at time of completion. PPE should not be worn outside of a patient environment or surgical area.



All the materials above should be taken off & discarded after each use, SINGLE USE ITEM ONLY Should NOT be worn outside of the Clinical Area's

Precautions

STANDARD PRECAUTIONS

- Based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain something infectious.
- Standard Precautions and the use of Personal Protective Equipment
- Protect the employee from exposure
- •Protect other patients from exposure
- •Standard Precautions, if used correctly at all times, and with all patients will successfully stop most disease transmission.
- PPE must be worn when performing activities where potential exposure to bodily fluids could occur. PPE are single use items and must be removed and properly disposed of at time of completion. PPE should NOT be worn outside of a patient environment or surgical area.

TRANSMISSION PRECAUTIONS

- Always used in addition to Standard Precautions.
- Transmission based precautions are:
 - Used when mode of spread is not completely interrupted by Standard Precautions.
 - Some diseases have multiple routes of transmission, and require use of more than one category of precautions
- Personal Protective Equipment varies based on the method of infection transmission.

Use of Standard Precautions

TYPE OF ISOLATION

STANDARD PRECAUTIONS

Standard Precautions

Use for: all patients

Room: Private or Semi-private

Precautions:

- Wear gloves for contact with blood, body fluids or potentially contaminated material
- Wear a mask: contact with blood, body fluids or sprays of respiratory secretions
- Wear a gown for contact with blood, body fluids or potentially contaminated material

Use of Transmission Precautions

TYPE OF ISOLATION

CONTACT PRECAUTIONS





Use for: patients with Multi-Drug Resistant Organisms (MDRO's) such as MRSA (Methicillin Resistant Staph. Aureus) VRE (Vancomycin Resistant Enterococcus), ESBL Gram-negative bacteria (exp. E.coli), Clostridium difficile (C. diff). Also patients with active diarrhea, and/or draining wounds/lesions. Others such as Adenovirus, Lice, Scabies, Herpes Zoster (Shingles)

Room: Private Room. Consult Infection Control Practitioner for cohorting ext:1858

Precautions:

- Wear gowns & gloves upon entering the room
- Wear a mask if coming into contact with blood or body fluids

_

Use of Transmission Precautions

TYPE OF ISOLATION

DROPLET PRECAUTIONS



Use for: patients with infections or for viruses such as Influenza, Bacterial Meningitis and Pertussis.

Room: Private Room. Consult Infection Control Practitioner for cohorting ext. 1858. Patients must be 3 feet apart.

Precautions:

- Wear a regular surgical (NOT N-95) mask when you are within 10 feet of the patient
- Wear a gown if caring for young pediatric patients

TRANSPORTING PATIENT

- Have patient cleanse hands prior to leaving room
- Have patient wear a REGULAR (surgical) mask during transport

Use of Transmission Precautions

TYPE OF ISOLATION

AIRBORNE PRECAUTIONS



Use for: known or suspected Mycobacterium Tuberculosis (TB), Varicella (chickenpox), measles, and for other reasons as determined by Infection Control or the physician.

Room: Private with Negative Pressure Airflow

Precautions:

- This type of precaution requires the use of an N-95 mask
- Only staff that has been fit tested by Employee Health may enter an AIRBORNE ISOLATION room
- ONLY IMMUNE STAFF (vaccinated for or have had measles, chicken pox) should enter the room.

Special Considerations:

- If the patient must come out of the room, put a REGULAR (surgical) mask on him/her, and have the patient sanitize their hands.
- High risk procedures such as bronchoscopy, require employee to wear an N-95 mask or PAPR with a Negative Pressure Environment

SURVIVAL OF Organisms and viruses IN THE ENVIRONMENT

Microorganism	How Long It Survives			
Bacteria				
Clostridium difficile	> 1 year			
Vancomycin-resistant Enterococci (VRE)	5 days- 4 months			
Methicillin-resistant Staphylococcus aureus (MRSA)	7 days – 7 months			
Viruses				
Hepatitis B virus (HBV)	> 1 week			
Norovirus	8 hours- 7 days			

Cleaning & Disinfecting Equipment

All Staff are responsible for cleaning and disinfecting equipment and environmental surfaces in their work environment, must be aware of:

- WET CONTACT TIME of the agents they are using
- follow manufacturer instructions for use of the cleaning agents.

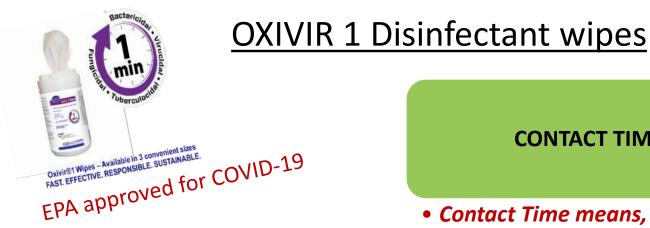


The current Title 22
Regulations require
regular disinfection of all:

- Restrooms
- Countertops
- Furniture
- Televisions
- Telephones
- Bedding
- Office Equipment
- Surfaces in patient rooms
- Nursing stations
- Storage units

Cleaning & Disinfecting Equipment

DO YOU KNOW YOUR WIPE?



IMPORTANT INFORMATION: Due to supply shortages there may be several different types of hospital approved cleaners.

Please remember:

Always check the manufacturer's label on the container for use of the product and the appropriate contact time.

CONTACT TIME 1 MINUTE

• Contact Time means, objects/surfaces to be kept wet for 1 minute before allowing to dry.

Efficacy claims: 50 microorganims, including Clostridium difficile, Norovirus and 14 multi-drug resistant organisms

Efficacy: Bactericidal, Fungicidal, Tuberculocidal, Virucidal, Sporicidal (Clostridium difficile spores)

Cleaning & Disinfecting Equipment

Patient care equipment (ex: blood pressure cuff, Glucometer) must be disinfected between each patient use.

Clean utility and dirty utility rooms are clearly marked so that

ONLY clean supplies and equipment go in the Clean Utility Room and

ONLY Dirty Equipment and Supplies go the Dirty Utility Room.

The Cal OSHA Standard also **PROHIBITS** personal food and open drinks in patient care areas.

Hydration Station at the Nursing Desk/Clinical Units

All containers must be in spill proof containers, and each department must determine a location for hydration stations.



















OSHA's bloodborne pathogens standard prohibits the consumption of food and drink in areas in which work involving exposure or potential exposure to blood or other potentially infectious material takes place, or where the potential for contamination of work surfaces exists [29 CFR 1910.1030(d)(2)(ix)].

While beverages at the nursing station might have a lid or cover, the container may also become contaminated, resulting in unsuspected contamination of the hands.

Drinks are not allowed on equipment, including W.O.W's

Infection Prevention Manager

<u>Our Infection Prevention</u> Manager:

- Supports Clinical Leaders, facilitates prevention processes and aids in implementation of policies that are evidence based to prevent the spread of infections and communicable diseases
- Facilitates staff training/education to prevent the spread of infection
- Monitors through collaboration, with compliance related processes to evidence based practices

For questions: please contact the Infection Prevention Department ext. 1858.

CONGRATULATIONS!

YOU HAVE COMPLETED THIS E-LEARNING OF:

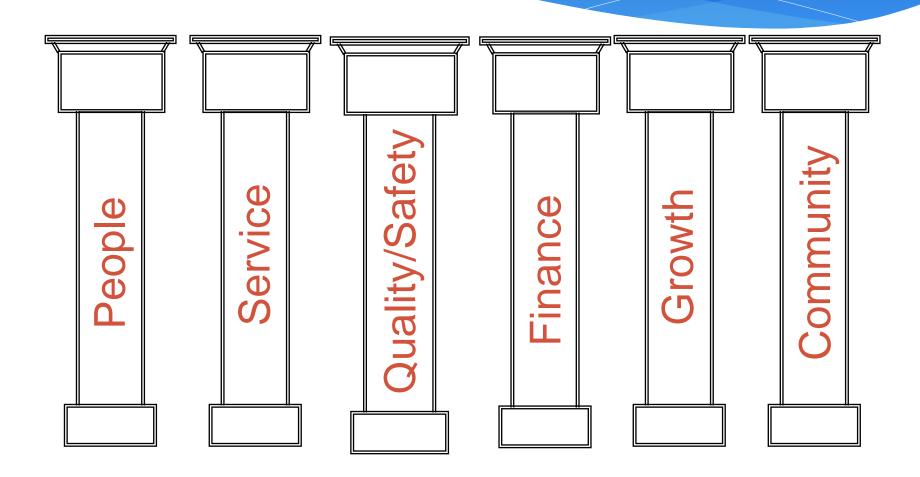
INFECTION PREVENTION REVIEW

Mission, Vision, Goals Standards of Behavior

Rapid Regulatory 2021



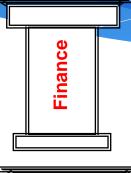
It is the mission of Salinas Valley Memorial Hospital under the Salinas Valley Memorial Healthcare System to provide quality healthcare to our patients and to improve the health and well-being of our community.



HOSPITAL GOALS

People

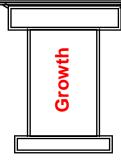
Demonstrates SVMHS's commitment to provide a supportive, encouraging environment and being the best employer in the region.



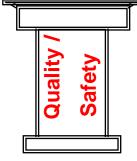
Demonstrates SVMHS's fiscal responsibility and accountability



Demonstrates SVMHS's commitment to provide excellent experience and service to its customers.



Demonstrates SVMHS's commitment to continued development and organizational enhancement to be the best health care system in the region.



Demonstrates how SVMHS's performs in improving and/or exceeding the quality of care and service provided.



Demonstrates SVMHS's commitment to continuously meet the needs of our community

SVMH Values "ALWAYS BEHAVIORS"

Support:

 We support each other to put our patients and families first.

Teamwork:

 Together we pursue excellence and exceptional performance with passion.

Accountability:

 We take personal responsibility for our professional conduct in delivering results.

Respect:

 We respect our patients, each other, the community and the environment by demonstrating integrity, honesty, fiscal responsibility in everything we do.

AIDETS: Six Essential Communication Behaviors

A

Acknowledge

Introduce

Duration

Explanation

Thank You

Sit Down &/or Survey

Decreases patient's/family's anxiety

Builds trust and confidence in your skills and abilities

Provides patient/family with realistic time expectation

Keeps the patient/family informed

+

Acknowledges the patient/family

AIDETS

What SVMHS needs from you:

- Responsibility and accountability to learn and use the AIDETS technique for communication
- Use AIDETS with every patient, every family member, every visitor, every team member, every time
- Support your team to improve their consistent use of AIDETS
- Support your team to improve the patient experience

Standards of Professional Behavior

- Disruptive behavior can directly impact the culture of safety. Intimidating and disruptive behaviors can foster medical errors, contribute to poor patient satisfaction, lead to preventable harm, and increase the cost of care.
- When staff is intimidated about communicating with other team members, quality care is endangered.
 Verbal abuse and disrespectful behavior significantly affect the workplace by decreasing morale and increasing job dissatisfaction due to the work climate.
- Disruptive behaviors are unacceptable and must be addressed for the sake of our patients and staff.

Standards of Professional Behavior

Any individual who witnesses or is the recipient of disruptive or inappropriate behavior by another clinician should report this to their immediate supervisor or designated chain of command immediately.

It is the responsibility of our leaders to assure that anyone who reports such behavior is protected from retaliatory action. The individual reporting such conduct does not need to be directly involved with the conduct but may be an observer of such conduct.

Prior to completion of a WeCare we should conduct Peer Feedback. If that is unsuccessful, then a WeCare report is to be completed by clicking on the link from StarNet:Occurrence Report (WeCare)

HARASSMENT WILL WOT BE TOLERATED

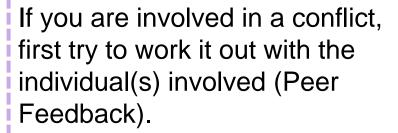
Purpose or intent to intimidate,
 creates a hostile or offensive environment.

 Verbal/Physical conduct showing hostility/aversion to race, religion, color, national origin, ancestry, age, physical/mental disability or sex / gender / identity is not tolerated.

Conflict Management

When conflict arises between individuals or groups, it is important to manage that conflict in a way that does not adversely affect patient care. Good conflict management techniques include:

- Trying to address the conflict early before it becomes a major issue
- Understanding the needs and issues of the parties involved
- Addressing the substance of the conflict while respecting the individual(s) involved.



If this is not successful then use the "chain of command" by involving your immediate supervisor.

If this is not successful, contact Human Resources at ext. 2279 (internally) or 831-755-0759 (externally) for assistance.



CONGRATULATIONS!

YOU HAVE COMPLETED THIS E-LEARNING OF:

MISSION, VISION GOALS STANDARDS OF BEHAVIOR

HR # 994 -STANDARDS OF PROFESSIONAL BEHAVIOR

HR #1182 GOLDEN RULES OF CUSTOMER SERVICE.

MRI and Radiation Safety

Rapid Regulatory 2021



Radiation Safety



Radiation can be found in everyday life:

Sunlight, Heat lamps, Radio, TV, Microwave

Radiation can be found in the hospital setting:

Diagnostic imaging (X-ray, CT, Angiography suite)

Nuclear Medicine

Operating Rooms

Endoscopy

Radiation is used in the treatment and diagnosing of patients and **can be harmful** if the proper safety precautions are not followed.

X-ray equipment does not emit radiation when it is turned off.

MRI equipment is not a source of radiation.

Radiation Safety (cont'd)

TIME – when possible, limit the amount of time spent in radiation areas.

patient room), you should step back at least 6 feet or leave the room.

TIME,
DISTANCE,
and
SHIELDING
are three things
that determine
the amount of
radiation
exposure:

SHIELDING – lead aprons or appropriate shielding barriers should always be used to protect yourself from high doses of radiation.

Radiation Safety (cont'd)



While you can protect yourself from lower exposure of sunlight radiation by using sunscreen and sunglasses, higher exposure found in some areas of the hospital require further protection and labeling.

Employees with direct access to radiation must wear film badges that monitor exposure.

All areas using radiation equipment should have the appropriate signs posted.

Radiation Safety & Pregnancy

Be Informed:

- ✓ A consent is required prior to any high dose radiation scan/procedure of a pregnant patient to ensure they understand the risks involved
- ✓ Protective shielding is used for all pregnant patients for non-abdominal/non pelvic exams

Employee Safety

- ✓ Employees are encouraged to disclose their pregnancy as early as possible if working in a radiology department or other radiation use area.
- ✓ NRC recommendation for pregnant employees must limit the radiation dose to 500 mRem during pregnancy.
- ✓ See policy 8392 Pregnant Workers and patient Radiation Safety



Radiation Safety (cont'd)

Radiation implants can be used in patient treatment and emit small amounts of radiation.

When high-dose isotopes are used, safety precautions are followed, PPE is worn and signs must be posted.

If you have any questions regarding a patient being treated with radiation or a radiation area, contact the treating nurse or hospital's Alternate Radiation Safety Officer, ext. 2131



MRI Safety



Did you know that Magnets in the MRI scanner are ALWAYS "ON"?

MRI Safety (cont'd)

Ferromagnetic Objects are objects that are attracted to magnets and when these objects come into contact with the MRI field they become magnetized to each other and it can be VERY dangerous.

What are some examples of not-so-obvious Ferromagnetic objects?



Buffing machines

Clipboards

Hearing Aids

Pulse Oximeters

Paper Clips

Prosthetic Limbs

Car Keys

Insulin Pumps

IV stands

Hairpins

ID Badges

Pacemaker

Staples

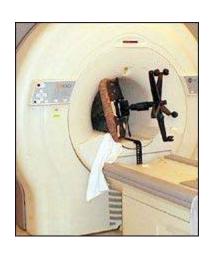
Stethoscopes

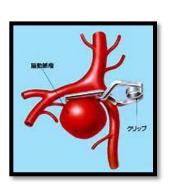
Law Enforcement Metal Objects

Crash Carts

Refer to MRI SAFETY PROCEDURE

MRI Safety (cont'd)





- What is the Risk?
 - Projectile injury and the Missile Effect as the objects are hurled into the MRI Scanner
 - Burns from the wires that may heat up during the MRI process
 - Injury related to dislodged ferromagnetic implants such as aneurysm clips; pins in joints or bone





Missile effect



MRI Safety (cont'd)

A special fire extinguisher is available for use within the MRI room. Due to the magnetic field **NEVER use a** regular fire extinguisher in the MRI room.

Hospital staff should NEVER enter or allow others to enter the MRI room without approval from MRI staff.

An MRI technologist or specially trained staff will accompany any patients, visitor, and other staffs who are not familiar with the MRI suite inside at all times.



They must also confirm no presence of any type of metal will be taken into the MRI with them.

MRI Risk Reduction Strategies

SITE ACCESS RESTRICTION MRI ZONES

Zone 1 – Areas that are freely accessible to the general staff and public. For example: Registering patients, staff from other departments, etc.

Zone 3- Area is restricted to patients, visitors and healthcare workers. Only authorized personnel can access and physical screening of MRI patients and healthcare workers must occur prior to entrance.

Zone 2 – Areas where screening for metal objects begins for patients, healthcare workers and general public.
Unauthorized personnel are not able to move about this zone freely.

Zone 4 – MRI Magnet room itself. Patient and Healthcare Worker screening is confirmed and they must be in constant direct supervision of trained MRI personnel.

MRI Risk Reduction Strategies (cont'd)

ADDITIONAL STRATEGIES



Ensure the MRI Tech has the patient's complete medical history and has screened for any potential ferromagnetic objects



Provide MRI Safety information to healthcare workers who accompany patients



Only use equipment that has been approved for use in MRI for employee and patient safety



Screen and educate law enforcement, fire and security on MRI safety to ensure they are aware of the risk of ferromagnetic devices such as prisoner restraining devices and other potential hazards.

CONGRATULATIONS!

YOU HAVE COMPLETED THIS E-LEARNING OF:

MRI AND RADIATION SAFETY





NPSG: Identify Patients Correctly

USE TWO PATIENT IDENTIFIERS. THIS IS DONE TO MAKE SURE THAT EACH PATIENT GETS THE RIGHT CARE EVERY TIME



Our policy requires using two patient identifiers when giving medications, blood, and performing tests or procedures and passing food trays.

Approved patient identifiers ->

1-Patient Name

2-Date of Birth (DOB)

NOTE:

The patient's **bed or room number** is

never to be used as one of the identifiers.

If the patient has the same name and/or DOB as another patient, a <u>third</u> <u>identifier</u> must be used and that would be the patient's unique <u>Medical Record number</u> (e.g. H012345)

There are many types of Errors when identifying a patient

- Verifying a patient is who you think they are
- Mis- Matching the service or treatment to the right patient
- Choosing a patient's name from a list of names
- Associating an object with a patient's name on a label (e.g. specimen, belongings, monitors, etc.)

Common Errors at SVMH & Across U.S.

- Diagnostic test performed on wrong patient
- Medication given to the wrong patient
- Food tray given to the wrong patient
- Lab test performed on wrong patient
- Patient registered under the wrong name
- Patients get documents that belong to someone else

All errors, harmful or not, are considered serious because they reveal failure points that leads to wasted time to re-do, increased \$\$\$ AND could potentially lead to patient harm.



When to Use Two-Patient Identifiers

- EVERY contact, EVERY time such as but not inclusive:
 - When placing or replacing an armband
 - When assuming care of the patient (handoff)
 - Prior to providing consultation, giving test results or other documents
 - Prior to transporting and arrival of a patient to another location
 - Immediately prior to any of the following (Even if you have cared for them before and know them):
 - Medication or blood administration
 - Treatments, test or procedures including: surgery, xrays, lab tests, respiratory / rehab treatments, EKGs, delivery of diets, etc.

A True Story

- * A co-worker presented patient A to a NM tech for a NM exam. The tech called patient A by name and went over all the paperwork. Patient A reviewed and signed the paperwork.
- * The tech injected patient A with a radiopharmaceutical. Later, the tech realized Patient A needed a CT scan not a NM study.

Lessons learned

- * Use <u>two</u> identifiers on every patient at every encounter even if you think somebody else already checked.
 - NEVER use name only.
- * Patient identification must occur before any papers are signed, or tests are performed.



Fake: If I call the wrong patient's name, the patient will correct me.

Fact: Many mistakes have occurred when staff have said the patient's name and the patient agrees to the wrong name because they are confused, scared, doesn't hear accurately or has a language barrier.

Unacceptable Patient Identifiers

NEVER use any of the following to identify a patient:

- Room #
- Bed number or exam room #
- Diagnosis
- Procedure

A True Story

- * CT tech called ED for Patient A by room number and procedure. Transport picked up patient in the room requested. CT tech assumed transport picked up patient A and completed the scan but did not check 2 patient identifiers. Patient A's nurse called CT and asked when they were going to take patient A for their CT scan.
- * Patient A had previously been moved to a different room. The test was performed on the wrong patient.

Lessons Learned:

- * NEVER use room/bed numbers/procedure to call for a patient.
- * Always use two identifiers on every patient at every encounter even if you think you know them or somebody else checked.



Fake: The person who brought me the patient, SURELY must have already identified the patient. Why would I need to double check someone else's work?

Fact: Each one of us represents a needed safety check in the system. Taking a shortcut by assuming others are always 100% perfect and not performing our own safety check creates risk for ourselves and our patients.



A True Story



- * ED practitioner went into patients room, did not ask the patient their name / DOB and did not check the armband.
- * Proceeded to give devastating news about their medical condition. Found out that it was the wrong patient.

Lessons Learned:

- * Use two identifiers on every patient at every encounter
- * **NEVER assume** you know the patient
- * Always ask the patient their name and DOB

A True Story



- * Nurse called nutrition services for a regular diet for patient in room XXXX. Tray was brought and patient had medical situation due to wrong diet provided.
- * Patient that tray was requested for had been moved to another room.

Lessons Learned:

- * Always use the name and DOB when ordering over the phone.
- * **NEVER** use room/bed numbers when requesting something for a patient.
- Use two identifiers on EVERY patient at EVERY encounter

How to do 2 patient identifiers



Ask "what is your name"
Ask "what is your birthday"

Look at the armband and verify name / DOB to assure all matches. Fix all discrepancies before acting.

Be Patient Safe:



EVERY patient contact **EVERY** time

Remember – this could be you or your loved one.

CONGRATULATIONS!

YOU HAVE COMPLETED THIS E-LEARNING OF:

TWO PATIENT IDENTIFIERS

ED PHYSICIAN ORIENTATION – STROKE

CODE STROKE PROCESS

See "ED PHYSICIAN CODE STROKE PROCESS"

PERFORMANCE MEASURES

See "ED PHYSICIAN Stroke performance measures" for Code Stroke requirements – New Door to Needle requirements are:

- 1. 30 minutes at least 50% of the time
- 2. 45 minutes at least 75% of the time
- 3. 60 minutes at least 85% of the time

STROKE ORDER SETS

CODE STROKE ORDER SET - Meditech

Find your patient

Click on "Orders" tab on the right

Click on "New Sets" at the top

In search bar, type in "Stroke"

Check the box to the left of "Stroke (Code Stroke pre-check)"

Click "Submit" - at the bottom left of window

Do not uncheck anything, (unless something has already been ordered)

TPA ORDER SET – Meditech

Click on "Orders" tab on the right

Click on "New Sets" at the top

In search bar, type in "Stroke"

Check the box to the left of "Stroke tPA Order/Screening"

Click "Submit" - at the bottom left of window

You will be asked to verify the patient's weight, then the order screen will come up.

Do not uncheck anything.

TPA REVERSAL ORDERS

Click on "Orders" tab on the right

Click on "New Sets" at the top

In search bar, type in "Stroke"

Check the box to the left of "tPA Reversal Orders"

Click "Submit" - at the bottom left of the window

Do not uncheck anything.

TELENEUROLOGY

See "Specialists on Call"

See "Teleneurology Consultation"

Teleneurologists from SOC will be utilized when hospital based neurologists are not on call. The SOC Neurologist will contact the ED MD by phone within 15 min. of notification to review recommendations. The SOC report will be faxed to the ED.

ED PHYSICIAN CODE STROKE PROCESS

- 1. Call Code Stroke on EMS activation OR immediately after recognizing stroke for those that walk-in.
 - a. Call Code Stroke for any patient with stroke-like symptoms that arrives within 20 hours of Last Known Normal (LKN).
 - b. If you think patient is going to be a tPA candidate Ask charge nurse to notify pharmacy to prepare to mix tPA
- 2. Complete a partial NIHSS immediately on arrival
- 3. Allow Lab draw and rapid registration while doing partial NIHSS.
- 4. Send patient directly to CT on EMS gurney or SVMH gurney for walk-ins
- 5. Get INR results from lab as soon as they are run
- 6. Review tPA inclusions/exclusions (tPA window is up to 4.5hrs from LKN)
- 7. Charge Nurse or Patient's nurse will call weight to pharmacy if you already notified charge nurse that the patient will probably receive tPA. Pharmacy will begin mixing tPA as soon as the weight is in the computer
- 8. Complete NIHSS immediately after patient returns from CT
- 9. Radiologist will call CT results w/in 10 min. of CT completion. If not, please call radiologist.
- 10. Call Neurologist with all information as soon as you have CT results to make a tPA decision (or surgery, transfer to CSC, or admit decision)

11. For tPA patients

- a. place tPA order in Meditech as soon as you think you will be giving tPA
- b. Notify Charge nurse that patient will be receiving tPA (to notify pharmacy and patient's nurse, if not previously notified.)
- c. DO NOT OBTAIN A WRITTEN CONSENT. Document an informed consent in PDOC.
- d. Pharmacy will bring tPA to floor and mix it in front of the patient and nurse for immediate administration.
- 12. For patients with Large Vessel Occlusions (LVOs) and those transferring to a Comprehensive Stroke Center (CSC) Call the CSC as soon as you have ordered tPA or think this patient will transfer. (Goal is door in/door out in 90 minutes or less)
 - a. Consult Neurologist at receiving hospital for acceptance of patient (for phone numbers, see "Transfer Protocol" see attachment)
 - b. Give tPA if needed (#11)
 - c. Notify Case Manager and Charge Nurse that patient will be transferred to a CSC and which one
 - d. They will follow the "Transfer Protocol"

13. For Neurosurgical patients

- a. Consult Neurosurgeon on call
- b. Call Hospitalist to admit patient

14. For patients being admitted

- a. Notify admitting hospitalist of admit
- b. Give report

Updated 6/7/2017

Stroke evidence-based performance measures and documentation requirements

All Code Stroke Patients are reported to TJC during yearly review and Bi-annual re-certification.

The listed performance measures have been approved as SVMH Performance Indicators

All of these indicators and the required documentation have been built into the code stroke order sets.

Please use the available code stroke orders to enhance our performance on these measures

IF NOT USING STROKE ORDERS: Please follow quidelines listed below to meet Core Measures.

CODE STROKE PERFORMANCE MEASURES				
Measure	Description	Acceptable methods to meet the performance measure	Source	
NIHSS Stroke Scale	NIHSS completed within 10 minutes of arrival	Do partial NIHSS at door on arrival, or immediately after calling code stroke for walk-in patients. Complete NIHSS after return from CT. Document in PDOC. (Submit NIHSS training completion documentation within 60 days of start of employment with SVMH). Maintain NIHSS certification.	TJC	
Door to MD exam	Door to MD exam within 10 minutes of arrival	Meet Code Stroke EMS patients at the door on arrival	TJC	
Door to Code Stroke Called	Door to Code Stroke activation within 10 minutes of arrival	Call Code Stroke on EMS activation call May cancel Code Stroke on arrival if your assessment shows that patient is not a stroke or outside the timeline for Code Stroke (8 Hours from Last Known Well)	TJC	
Door to CT Complete	Door to CT complete within 15 minutes of arrival	After initial short exam, registration and lab draw at the door, patient is taken directly to CT by EMS	TJC	
Door to CT Results	Door to CT results within 25 minutes of arrival	CT should be read by Radiologist and called to ED Physician within 10 minutes of CT completion	TJC	
Door to INR Results	Door to INR results within 20 minutes of arrival	Labs are drawn AND run at the door on arrival. Results are handed to the ED Physician	TJC	
Door to CXR	Door to CXR results within 20 minutes of arrival	CXR is completed and results placed in EMR immediately following CT	TJC	
Door to EKG	Door to EKG results within 20 minutes of arrival	EKG is done at the door on arrival OR immediately after returning from CT	TJC	
tPA Decision	Door to tPA decision within 25 minutes of arrival	Peferable tPA decision within 20 minutes to start tPA bolus within 30 minutes of arrival		
Decision to Transfer	Door to decision to transfer to CSC within 45 minutes of arrival	Rapid decision to transfer to CSC leads to rapid transfers to CSC. The optimal time deemed by TJC is 120 minutes from patient arrival at Primary Stroke Center to DC to Comprehensive Stroke Center (Door In Door Out).		
Door to Needle (tPA)	Door to Needle for all eligible tPA patients within: 60 minutes of arrival - 85% of the time 45 minutes of arrival - 75% of the time 30 minutes of arrival - 50% of the time UNLESS: There is a documented patient reason for delay	For pts who did not receive tPA: Fill in the "Contraindications to TPA screen in the admission orders. Approx. 1.9 million neurons die every minute when a patient is having a large vessel stroke. Rapid tPA delivery can mean the difference between the patient walking out of the hospital or going to a SNF or ARU.	TJC	

Reviewed by Monte Jenkins RN 3/12/19

Emergency Department Order	☐ Venous Blood Gas STAT
Stroke (Code Stroke pre-check)	HCG for Females under 50 years of age
Stroke Screening for tPA	☐ Human Chorionic Gonadotropin STAT
Stroke patients arriving within 3.5 hours of last known well	Blood Products
should be screened for tPA therapy	☐ Type and Screen
☐ Stroke tPA Order/Screening per routine	Radiology
Nursing	☑ XR Chest 1 view STAT
☐ Add- on Lab per routine	☐ XR Chest 2 views STAT
· ☑ Cardiac Monitor (ER) per routine	☐ XR Spine, Cervical 2 views STAT
☑ EKG Electrocardiogram (12 lead) STAT	☐ XR Spine, Cervical 3 views STAT
✓ MGB once	CT Scan
☑ Neurological checks Q30min x 6	☑ CT Head WO STAT
✓ NPO Except Meds once	☐ CT Spine, Cervical WO STAT
✓ Oxygen delivery/Oximetry/Protocol per routine	CT Angiogram Scan
✓ Pulse Oximetry Monitor/Record per routine	☐ CT Angiogram Head/Neck STAT
☐ Vital Signs Q15Min	CT Perfusion Scan
IV Therapy	☐ CT Perfusion Head STAT
☑ IV Insert per routine	Vascular
	□ VL Carotid, Bilateral STAT
□ NS 1000ml @ 125 mLs/Hour	Medications: Pain
□ NS Bolus 500 MLs wide open STAT	☐ Acetaminophen 650 mg PO once
Urinary Catheter	☐ Acetaminophen 650 mg rectally once
☐ Urinary Catheter Insert STAT	☐ Morphine 4 mg IV Q20min x3
☐ Lidiocaine 2% Jelly (Uro-Jet) to urethra once	☐ Morphine 4 mg IV once
Specimens to Obtain	Medications: Antiemetics
☐ Urinalysis STAT	☐ Meclizine 25 mg PO once
☐ Urine Culture Routine	☐ Ondansetron 4 mg IV Q15M
☐ Urine Drug Screen STAT	
☐ Pregnancy Test Urine STAT	☐ Ondansetron ODT 4 mg sublingual once a
Lab —	Medications: Antibiotics and Rescue Agents
☑ CBC, with Automated Diff STAT	☐ Naloxone 0.4 mg IV Q20min PRN respiratory distress
☑ Basic Metabolic Panel STAT	x2
□ Magnesium STAT	□ Naloxone 0.4 mg IV once
☐ Phosphorus STAT	☐ Flumazenil [Romazicon] 0.2 mg IV once
☑ Draw Extra Tubes STAT	Medications: Sedatives
☑ CPK Index Panel STAT	☐ LORazepam 0.5 mg IV once☐ LORazepam 1 mg IV once
☑ Troponin I STAT	Medications: Antihypertensives
☑ PT/PTT STAT	Labetalol and nicardipine for SBP> 150 & DBP >110
☑ Hepatic Function Panel STAT	Labetalol 10 mg IV q 10 minutes x 2 doses for SBP > 185 or DBP >
☐ Amylase STAT	110>
□ Lipase STAT	FOLLOW WITH>
☐ Ammonia STAT	Labetalol 20 mg IV q 10 minutes x 2 doses for SBP > 185 or DBP >
□ Lactate Venous STAT	110> FOLLOW WITH>
☐ Blood Culture x2 STAT	Nicardipine Infusion prn SBP > 185 or DBP > 110: start at 5
□ Ethanol STAT	mg/hour and titrate up by 2.5 mg/hour increments every 5
☐ Phenobarbital STAT	minutes to a maximum of 15 mg/hour.
□ Phenytoin, Total STAT	☑ Labetalol 10mg IV q10min x 2 prn SBP>185 or DBP>110
☐ Carbamazepine STAT	then
□ Valproic Acid STAT	☑ Labetalol 20mg IV q10min x 2 prn SBP>185 or DBP>110
☐ Thyroid Stimulating Hormone STAT	then follow with
☐ Thyroxine STAT	✓ NiCARDipine Infusion 5 mg/hr PRN SBP > 185 or DBP > 110,
□ Arterial Blood Gas STAT	Titrate by 2.5 mg/hr Q5-10Min as needed
-	

TPA for Ischemic Stroke: Indications and Contraindications

☐ Yes ☐ No Do presenting disabilities interfere with lifestyle (i.e. work, hobbies, entertainment, etc? If so, consider tPA for mild, or moderate strokes if no other contraindications.

For TPA treatment starting within 4.5 hours of Last Known Normal (LKN) INCLUSION CRITERIA:

- Diagnosis of Ischemic stroke causing measurable neurological deficit
- Onset of symptoms or LKN < 3.5 hours before beginning TPA treatment
- Age ≥ 18 yrs

EXCLUSION CRITERIA

CONTRAINDICATIONS

0-3 hr treatment window.

- C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
- C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
- C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
- C4: Active internal bleeding
- C5: Acute bleeding diathesis (Platelet count < 100,000, increased PTT, PT/INR ≥ 15/1.7, use of anticoagulants or NOAC [Novel Oral AntiCoagulants])
- C6: Symptoms suggest subarachnoid hemorrhage
- C7: CT demonstrates multilobar infarction (hypodensity >1/3 cerebral hemisphere)
- C8: Arterial puncture at noncompressible site in previous 7 days
- C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L)

RELATIVE EXCLUSION CRITERIA

WARNINGS

- W1: Care-team unable to determine eligibility
- W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
- W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission
- W4: Pregnancy
- W5: Patient/family refusal
- W6: Rapid improvement
- W7: Stroke severity too mild
- W8: Recent acute myocardial infarction (within previous 3 months)
- W9: Seizure at onset with postictal residual neurological impairments
- W10: Major surgery or serious trauma within previous 14 days

ADDITIONAL EXCLUSION CRITERIA

WARNINGS

3-4.5 hr treatment window.

All of the exclusions for the 0-3hr treatment window plus the following:

Taking oral anticoagulant, regardless of INR

H/O Diabetes AND prior ischemic stroke

*Coagulation results prior to TPA administration: In patients without use of oral anticoagulants or heparin; TPA may be initiated before results of coagulation tests are known but should be discontinued if INR > 1.7 or PT is elevated.

**For patients without history of thrombocytopenia, treatment with IV TPA may be initiated before availability of platelet count but should be discontinued if platelet count is < 100,000

^{*} Recent experience suggests that under some circumstances – with careful consideration and weighing of risk to benefit – patients may receive fibrinolytic therapy despite 1 or more relative contraindications. Consider risk to benefit of IV TPA administration carefully if any of these relative contraindications are present.

Stroke: t-PA Reversal Orders

☑ If neuro status deteriorates during t-PA infusion or signs of systemic bleeding:

STOP INFUSION IMMEDIATELY

Notify admitting physician and neurologist.

Order the following:

Blood Bank

- ☑ Cryoprecipitate Transfuse 8 units STAT
- ☑ Plateletpheresis Transfuse 1 Plateletpheresis STAT

Coagulation

- ☑ PT/INR STAT
 - ☑ PT/ INR STAT In 90 minutes (comments to lab: Following transfusions)
 - ☑ Fibrin degradation products STAT
 - ☑ Fibrinogen STAT
 - ☑ Fibrinogen STAT In 90 minutes (comments to lab: Following transfusions)

Hematology

- ☑ CBC STAT
 - ☑ CBC STAT In 90 minutes (comments to lab: Following transfusions)

Computerized Tomography

☑ CT Head, without contrast STAT - REASON: CVA

TELENEUROLOGY PHYSICIAN EDUCATION

_
=
_
-
ř.
. • .
_
\mathbf{T}
- 1
021
~
_
ъ
_
_
_
_
0
~
_
DO.
9
~
_
œ
~~
ш.

SOC is a service company providing high quality tele-neurology consults via internet broadband connections to hospitals. SOC uses a mix of audio, video and EMR systems to deliver consistent and timely care to those patients who need it the most.

SOC offers services in 20 states currently and has over 200 current hospitals live with its service.

There are currently 55 neurologists involved with SOC (Tele-Physicians) – some community based and others are affiliated with our University partners. SOC is the largest tele-neurology practice in the country.

SOC's infrastructure (IronWorks) consists of video conferencing, medical contact center, webbased EMR and operations/IT staffing support (24/7).

A typical call begins when the member hospital's in-house physician requests a neuro consult. This triggers an immediate response from our 24/7 contact center to initiate the consult, page the on-call neurologist and connect the SOC physician to the member hospital physician. This process enables us to guarantee a 15-minute response time to the client hospital.

SOC is accredited by Joint Commission as an Ambulatory Care Center.

SOC provides 24/7 technical and operational support to both its internal physicians as well as all member hospitals who deploy its services.

Clinical Overview

SOC provides coverage for ALL neurologic emergencies, not just Stroke. SOC maintains an overall tPA rate of 5% across <u>all</u> neurology calls. On eligible stroke patients (who meet the criteria for tPA), SOC maintains a 59% tPA rate. Our major hemorrhage ("PH2") rate in tPA cases is less than 4%, which is slightly less than that found in the 2010 Lancet meta-analysis of all randomized tPA stroke trials.

SOC provides all malpractice insurance and licensing for its Tele Physician practices. All SOC physicians will be credentialed as members of your hospital staff.

SOC neurologists are (on average) 45 years of age with a minimum of 10-years experience. All are board certified and specialty trained, most in vascular neurology. Just to name a few:

Leonard D. DaSilva, MD – Neurology Medical Director, SOC; Clinical Director, Tallahassee Neurological Clinic(former)

Evan Allen, MD – Medical Director, Florida Hospital Neuroscience Institute James Grotta, MD – Chairman Dept. of Neurology, UT Houston

Jeffrey Saver, MD – Director, UCLA Fellowship Program, Stroke

SOC uses a standardized "recommendation set" approach to treatment, providing true, evidence based medicine with clinical consistency across the practice.

SOC utilizes a workflow based EMR system to record all patient and consult data, and to generate recommendation reports that are sent to the member hospital.

SOC physicians utilize a highly secure and robust tele-video presence system built on Cisco core technology to perform physical exams as well as NIHSS (on relevant patients) with the assistance of a bedside technician, nurse or physician.

Quality Assurance

SOC dedicates full time staffing to clinical quality follow-up and monitoring.

SOC's QA director works with member hospitals to obtain timely and relevant feedback on clinical outcomes of all tPA cases (along with additional requested follow-ups).

All clinical follow-up data is available to the SOC physicians as well as the member hospital SOC provides monthly reports to each of its member hospitals to ensure patient record integrity and consistency.

SOC performs 3rd party survey's of its service with all patients (those who are contactable) to gain quality feedback and generate portions of our "physician report cards".

In addition to direct patient feedback, SOC performs quarterly client hospital surveys for overall feedback on our service.







TELENEUROLOGY CONSULTATION REQUEST

Initial call to Specialists On Call @ 855-216-1075
Fax completed form to Specialists On Call @ 855-216-1036

Hospital Name: Salinas Valley Memorial Hos	spital	State: CA	
Attending Physician:			
Physician Telephone #:	Fax R	eport to:	831-753-6291 (Administrative Supervisor)
Emergency Physician: Fax: ☐831-771-5069 Emer			Fax: ☐831-771-5069 Emergency Department
Emergency Physician Telephone #:			
Patient Information Must Include Patient F	ace Sh	eet or Patie	ent Information Sheet
Patient's Name:		Inp	atient Room #:
DOB:		Ge	nder:
ED Arrival Information			
Mode:			Time:
Consultation Request Must List All Currer	t Medi	cations	☐ See attached
Patient Assessment			
What is the nature of this consult? (Please che Neurological Emergency / Code Stroke Sub-Acute / Non-Critical Issue General Question	eck one	box)	
Chief Complaint:			
Proposed Differential Diagnosis:			
Verbal consent for Teleneurology given by patien	Vfamily	□Yes □	Jnable to obtain MUST BE COMPLETED
Physician Signature:		Γ	Date/Time:
Salinas Valley	PLACE	THIS FOR	M BEHIND PHYSICIAN ORDERS TAB



A Public District Hospital 8720-030508 (Rev. 9/13)



TELENEUROLOGY CONSULTATION REQUEST

Attachment L ACUTE STROKE TRANSFER PROTOCOL

Reasons for transfer:

- 1. Cerebral aneurysm that needs coil procedure or clipping
- 2. Embolic CVA that meets criteria for endovascular retrieval
- 3. Any high risk stroke patient requiring advanced stroke care not provided at SVMH

STEP 1

MD

- 1. Consult with receiving hospital's physician/surgeon
- Immediately notify CM, CN, or RN upon acceptance of transfer
- 3. Determine level of care for transport (see attached reference)

RN

- 1. Prepare patient for transfer
- 2. Assemble transfer packet and belongings at bedside
- 3. Ensure report is given to transfer team4. Ensure report is given to
- receiving hospital
 5. Repeat VS and Neuro
 assessment within 15
 minutes of departure

CM / Nurs. Supvsr. For In-pts. afterhours

- 1. Coordinate transfer process with RN, MD, receiving hospital
- 2. Ensure that all relevant medical records and imaging are copied and transported with the patient.
- 3. Ensure the Inter Hospital
 Transfer Request Form is
 completed and signed. *Under*no circumstances are clinicians
 to delay the emergent transfer
 of a patient in order to complete
 the Inter Hospital Transfer
 Request Form
- 4. Notify MD, CN, RN of ETA of transfer team

CN

- 1. Oversee transfer process and assist as needed
- 2. *ER only* Ensure CM responsibilities are completed when CM not present



COMPREHENSIVE STROKE CENTERS

Regional Medical Center, San Jose

Emergency Department: (408) 729-2841 Fax machine: (408) 347-4061

Transfer center: (855) 762-6375

Good Samaritan Hospital, Los Gatos

Emergency Department: (408) 559-2552

Fax machine: (408) 559-2599

Stanford Hospital, Palo Alto

Emergency Department: (650) 723-5111

Fax machine: (650)721-3448 Transfer Center: (650) 723-4696

UCSF Medical Center, San Francisco

Emergency Department: (415) 353-1037

Fax machine: (415) 353-9172 Transfer Center: (415) 353-9166

STEP 3

Determine Level of Transportation

Air Ambulance CCT Ground Ambulance CCT Advanced Life Support (ALS) (See attached reference)

STEP 4

Transfer / Handoff

Prepare patient.
Prepare transfer packet.
Include:

- 1. SVMH Records
- 2. Prehospital Records
- 3. Inter-Hospital Transfer Request Form
- 4. Imaging disks from DI

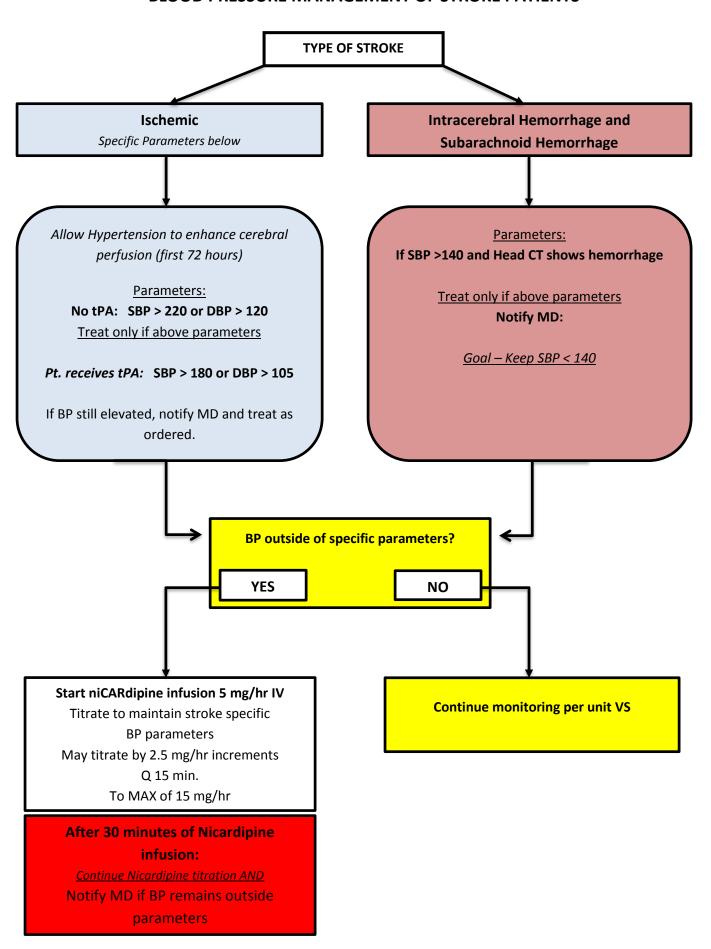
Determine Destination

Stanford UCSF RMC

Good Samaritan

LEVELS OF TRANSPORTATION -SCOPE OF PRACTICE-PROVIDER CONTACT **NUMBERS TYPE** AIR AMBULANCE **ALS CCT-RN** Paramedic (single) Provider(s) Critical Care RN & EMT RN/RN Scope of Standard Paramedic Mechanical ventilation. Mechanical Scope. No paralyzing most medications ventilation, most Care **Provided** agents or blood including paralyzing medications products. Can sedate agents, blood products including intubated patients paralyzing agents, with midazolam blood products Contact AMR.... 831-796-6446 AMR....831-796-6446 CALSTAR..... Number AMR.... 831-796-6447 AMR....831-796-6447 800-252-5050 Stanford Flight Call Transfer Ctr. Note: Transport Provider list subject to change

BLOOD PRESSURE MANAGEMENT OF STROKE PATIENTS



ATTESTATION OF ED PHYSICIAN ORIENTATION

STROKE

- 1. Code Stroke Process (policy on SVMH Intranet)
- 2. Code Stroke Performance Measures
- 3. Stroke Order Sets
 - a. Code Stroke Pre-Check
 - b. tPA screening and order set
 - c. tPA reversal
- 4. Tele-neurology for Stroke
- 5. Acute Stroke Transfer Protocol
- 6. Blood Pressure Management in the stroke patient
- 7. tPA Indications and Contraindications

CHEST PAIN / AMI

- 1. In-Patient Code STEMI Process (policy on SVMH Intranet)
- 2. Chest Pain Program Performance Measures
- 3. Code STEMI Order Sets
- 4. Chest Pain Program Performance Measures
- 5. ACTION Registry Requirements for AMI Population

Attestation: I attest that I have been modules.	oriented to the subjects noted above and have completed the	initial online orientation
Signature	 Date	
Print Name		

HOSPITAL PHYSICIAN ORIENTATION FOR STROKE PROGRAM

CODE STROKE

See IN-PATIENT CODE STROKE PROCESS

STROKE ORDER SETS

Order sets contain all orders to meet Core Measures for Stroke.

Please leave all pre-checked orders checked. If you do uncheck an order, please document a contraindication for that order.

Order sets contain BP parameters specific to type of stroke. Please do not DC these orders.

For all Stroke Order Sets

Click on "Orders" tab on the right Click on "New Sets" at the top In search bar, type in "Stroke"

TPA ORDER SET - Meditech

Check the box to the left of "Stroke tPA Order/Screening"

Click "Submit" - at the bottom left of window

You will be asked to verify the patient's weight, then the order screen will come up.

You can click on the "P" in the corner of the window to see tPA inclusions and exclusions Do not uncheck anything.

TPA SCREENING IN PDOC

See attachment behind tPA Order Set

OTHER ORDER SETS

Ischemic stroke and TIA (treat TIA the same as Ischemic)

Ischemic stroke post tPA

Intracerebral Hemorrhage

Subarachnoid Hemorrhage

TELENEUROLOGY

See "Specialists on Call"

See "Teleneurology Consultation"

Teleneurologists from SOC will be utilized when hospital based neurologists are not on call. The SOC Neurologist will contact the ED MD by phone within 15 min. of notification to review recommendations. The SOC report will be faxed to the ED.

PERFORMANCE MEASURES

See *In-Patient Stroke performance measures* for Stroke requirements

ON DISCHARGE

Please **document Stroke Etiology** and include **type of stroke as discharge diagnosis For Ischemic strokes** – make sure they have the following orders on discharge:

Statin

Antithrombotic (Aspirin is preferred)

Anti-depressant if depression is documented

IN-PATIENT CODE STROKE PROCESS

- 1. RN should activate RRT RRT Hospitalist is responsible for deciding if a Code Stroke should be called.
 - a. Call Code Stroke for any patient with new stroke-like symptoms that IS NOT CURRENTLY ADMITTED FOR STROKE
 - b. Switch from RRT form to *In-Patient Code Stroke Tracking Record* for documentation of Code Stroke.
- 2. Have charge nurse call CT to notify CT to remove any patient from the CT and make room for Code Stroke patient.
- 3. Complete a NIHSS immediately (while waiting for transfer to CT)
- 4. Send patient directly to CT
- 5. Get the following results (if not available order them STAT):
 - a. BUN/Creat
 - b. PT/INR
- 6. Review tPA inclusions and exclusions for current patient (tPA window is up to 4.5hrs from LKN)
- 7. Document labs, NIHSS and last known normal on *In-Patient Code Stroke Tracking Record*
- 8. Radiologist will call CT results w/in 10 min. of CT completion. If not, please call radiologist.
- Call Neurologist with all information as soon as you have CT results to make a tPA decision (surgery or transfer to CSC decision)

10. For tPA patients

- a. place tPA order in Meditech as soon as you think you will be giving tPA
- b. Notify Charge nurse that patient will be receiving tPA (to notify pharmacy and Nursing Supervisor for immediate transfer to ICU)
- c. If you choose to consent the patient prior to giving tPA do so immediately
- d. Pharmacy will bring tPA to ICU and mix it in front of the patient and nurse for immediate administration.

11. For those transferring to a Comprehensive Stroke Center

- a. Consult Neurologist at receiving hospital for acceptance of patient (for phone numbers, see *Transfer Protocol* see attachment)
- b. Give tPA if needed (#10)
- c. Notify Case Manager and Charge Nurse that patient will be transferred to a CSC and which one
- d. They will follow the "Transfer Protocol"

12. For Neurosurgical patients

- a. Consult Neurosurgeon on call
- b. Call Hospitalist to admit patient

13. For patients being admitted

- a. Notify admitting hospitalist of admit
- b. Give report

IN-PATIENT CODE STROKE TRACKING RECORD

ROOM	DATE/TIME CODE STROKE CALLED	NIHSS COMPLETED AND DOCUMENTED	TIME PATIENT SENT TO	СТ	CT RESULTS CALLED TO NEUI NEUROLOGIST:	ROLOGIST BY MD		
		□YES □NO	Signature of person con this form:	npleting	HOSPITALIST / MD Signature	:		
DATE /TIA		NIHSS SCORE:			DOES OF SHOW HELDON	053 Elves - Elve		
DATE/TIN	IE LAST KNOWN NORMAL (LKN)	IS SYMPTOM ONSET <3.5	INR:		DOES CT SHOW HEMORRHA			
		HRS OF LKN? □YES □NO	BUN/CREAT: EKG IN EMR? □YES	□по	DOES CT SHOW PREV. STROP REVIEW TPA INCLUSION/EXCLU			
TDA INCLI	USION CRITERIA	TPA EXCLUSION CRITERIA (d			TPA RELATIVE EXCLUSION CF			
For TPA given within 4.5 hours of Last Known Normal (LKN) PATIENT MUST MEET ALL OF THE FOLLOWING: Diagnosis of Ischemic stroke causing measurable neurological deficit Onset of symptoms or LKN < 3-4.5 hr before beginning TPA treatment Age > 18 yrs		window. PLEASE SELECT ALL RELEVANT EXCLUSIONS □ Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment □ Recent intracranial or spinal surgery, head trauma, or prior stroke in previous 3 months □ History of previous intracranial hemorrhage □ Active internal bleeding (platelet count <100,000, increased PTT, PT/INR ≥ 15/1.7 or use of NOAC [New Oral AntiCoagulants]) □ Symptoms suggest subarachnoid hemorrhage □ CT demonstrates multilobar infarction (hypodensity >1/3 cerebral hemisphere)		treatment window. PLEASE SELECT ALL RELEVANT RELATIVE EXCLUSIONS □ Care-team unable to determine eligibility □ Life expectancy < 1 year □ Pregnancy □ Patient/family refusal □ Minor or rapidly improving symptoms □ Seizure at onset □ Major surgery or serious trauma ≤ 14 days □ Acute MI ≤ 3 months TPA EXCLUSION CRITERIA (3-4.5 hr treatment window) Includes ALL previous exclusions plus: □ Taking oral anticoagulants, regardless of INR				
		□ Arterial puncture at noncompressible site in previous 7 days □ Blood glucose concentration <60 mg/dL □ History of diabetes AND prior ischemic strok			prior isometime stroke			
	RRT PHYSIC	AN CALL NEUROLO	AN CALL NEUROLOGIST ON CALL WITH A			BOVE INFORMATION		
DOES PT.	REQUIRE TRANSFER TO A HIGHER	IS PATIENT A	TPA CANDIDATE?		DOES PT. HAVE A LARGE VESSEL OCCLUSION OR REASON			
	F CARE DUE TO ICH or SAH ON CT?					EHENSIVE STROKE CENTER?		
	ropriate responses in sections 1,2 & 3)				•	sfer" under YES below		
	res NO	YES	NO		YES	NO		
ASAP Possibly t Patient is candidate	not a tPA o section 3	1. Transfer to ICU ASAP 2. Order tPA (Orders/New Sets/Stroke tPA Order/Screening) to star immediately on arrival t ICU. (w/in 3.5 hrs of LKN Proceed to section 3	t	on 3	See Reasons for transfer: CODE STROKE POLICY Attachment L – "Stroke Transfer protocol" (Back of Form) Arrange for patient's immediate transfer to a Comprehensive Stroke	Resume care on current unit, transfer to Stroke Unit or to appropriate level of care.		
P A	TIENT LABEL HERE	The first section of the section of			Center			

Salinas Valley Memorial Healthcare System
450 East Romie Lane, Salinas, CA 93901 • (831) 757-4333 • Toll Free (888) 755-7864



Attachment L ACUTE STROKE TRANSFER PROTOCOL

Reasons for transfer

- 1. Cerebral aneurysm that needs coil procedure or clipping
- 2. Embolic CVA that meets criteria for endovascular retrieval
- 3. Any high risk stroke patient requiring advanced stroke care not provided at SVMH

STEP 1

MD RN CN CM / Nurs. Supvsr. For In-pts. Consult with receiving 1. Prepare patient for Oversee transfer process afterhours hospital's physician/surgeon and assist as needed transfer 1. Coordinate transfer process Immediately notify CM, 2. Assemble transfer packet 2. ER only - Ensure CM with RN, MD, receiving CN, or RN upon acceptance and belongings at bedside responsibilities are hospital of transfer 3. Ensure report is given to completed when CM not 2. Ensure that all relevant medical Determine level of care for transfer team present records and imaging are copied transport (see attached 4. Ensure report is given to and transported with the patient. reference) receiving hospital Ensure the Inter Hospital 5. Repeat VS and Neuro Transfer Request Form is assessment within 15 completed and signed. Under minutes of departure no circumstances are clinicians to delay the emergent transfer of a patient in order to complete the Inter Hospital Transfer Request Form 4. Notify MD, CN, RN of ETA of transfer team

STEP 2

Determine Destination

Stanford

Good Samaritan

UCSE

RMC

COMPREHENSIVE STROKE CENTERS

Regional Medical Center, San Jose

Emergency Department: (408) 729-2841 Fax machine: (408) 347-4061

Transfer center: (855) 762-6375

Good Samaritan Hospital, Los Gatos

Emergency Department: (408) 559-2552 Fax machine: (408) 559-2599

Stanford Hospital, Palo Alto Emergency Department: (650) 723-5111

Fax machine: (650)721-3448 Transfer Center: (650) 723-4696

UCSF Medical Center, San Francisco

Emergency Department: (415) 353-1037

Fax machine: (415) 353-9172 Transfer Center: (415) 353-9166

STEP 3

Determine Level of Transportation

Air Ambulance CCT Ground Ambulance CCT Advanced Life Support (ALS) (See attached reference)

LEVELS OF TRANSPORTATION -- SCOPE OF PRACTICE-PROVIDER CONTACT
NUMBERS

		TYPE	Ø.
	ALS	CCT-RN	AIR AMBULANCE
Provider(s)	Paramedic (single)	Critical Care RN & EMT	RN/RN
Scope of Care Provided	Standard Paramedic Scope. No paralyzing agents or blood products. Can sedate intubated patients with midazolam	Mechanical ventilation, most medications including paralyzing agents, blood products	Mechanical ventilation, most medications including paralyzing agents, blood products
Contact Number	AMR 831-796-6446 AMR 831-796-6447 e: Transport Provider list	AMR831-796-6446 AMR831-796-6447	CALSTAR 800-252-5050 Stanford Flight Call Transfer Ctr.

STEP 4

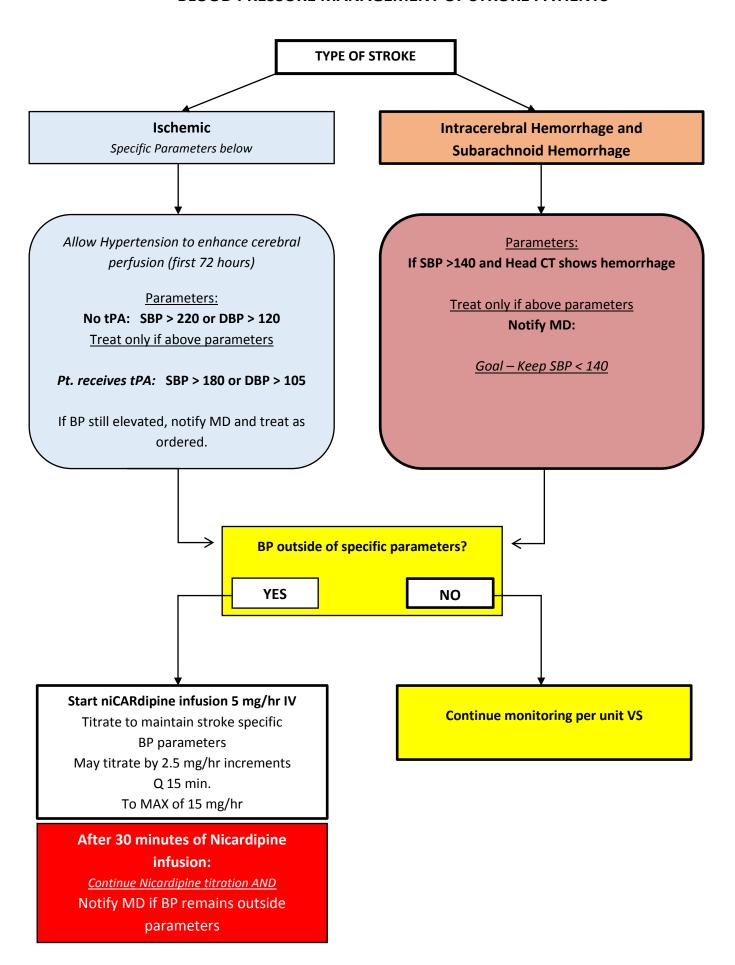
Transfer / Handoff

Prepare patient.

Prepare transfer packet.
Include:

- 1. SVMH Records
- 2. Prehospital Records
- 3. Inter-Hospital Transfer Request Form
- 4. Imaging disks from DI

BLOOD PRESSURE MANAGEMENT OF STROKE PATIENTS



TPA for Ischemic Stroke: Indications and Contraindications

☐ Yes ☐ No Do presenting disabilities interfere with lifestyle (i.e. work, hobbies, entertainment, etc? If so, consider tPA for mild, or moderate strokes if no other contraindications.

For TPA treatment starting within 4.5 hours of Last Known Normal (LKN) INCLUSION CRITERIA:

- Diagnosis of Ischemic stroke causing measurable neurological deficit
- Onset of symptoms or LKN < 3.5 hours before beginning TPA treatment
- Age ≥ 18 yrs

EXCLUSION CRITERIA

CONTRAINDICATIONS

0-3 hr treatment window.

- C1: Elevated blood pressure (systolic > 185 mm Hg or diastolic > 110 mm Hg) despite treatment
- C2: Recent intracranial or spinal surgery or significant head trauma, or prior stroke in previous 3 months
- C3: History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm
- C4: Active internal bleeding
- C5: Acute bleeding diathesis (Platelet count < 100,000, increased PTT, PT/INR ≥ 15/1.7, use of anticoagulants or NOAC [Novel Oral AntiCoagulants])
- C6: Symptoms suggest subarachnoid hemorrhage
- C7: CT demonstrates multilobar infarction (hypodensity >1/3 cerebral hemisphere)
- C8: Arterial puncture at noncompressible site in previous 7 days
- C9: Blood glucose concentration <50 mg/dL (2.7 mmol/L)

RELATIVE EXCLUSION CRITERIA

WARNINGS

- W1: Care-team unable to determine eligibility
- W2: IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival
- W3: Life expectancy < 1 year or severe co-morbid illness or CMO on admission
- W4: Pregnancy
- W5: Patient/family refusal
- W6: Rapid improvement
- W7: Stroke severity too mild
- W8: Recent acute myocardial infarction (within previous 3 months)
- W9: Seizure at onset with postictal residual neurological impairments
- W10: Major surgery or serious trauma within previous 14 days

ADDITIONAL EXCLUSION CRITERIA

WARNINGS

3-4.5 hr treatment window.

All of the exclusions for the 0-3hr treatment window plus the following:

Taking oral anticoagulant, regardless of INR

H/O Diabetes AND prior ischemic stroke

*Coagulation results prior to TPA administration: In patients without use of oral anticoagulants or heparin; TPA may be initiated before results of coagulation tests are known but should be discontinued if INR > 1.7 or PT is elevated.

**For patients without history of thromboutopenia, treatment with IV TPA may be initiated before availability of

**For patients without history of thrombocytopenia, treatment with IV TPA may be initiated before availability of platelet count but should be discontinued if platelet count is < 100,000

^{*} Recent experience suggests that under some circumstances – with careful consideration and weighing of risk to benefit – patients may receive fibrinolytic therapy despite 1 or more relative contraindications. Consider risk to benefit of IV TPA administration carefully if any of these relative contraindications are present.

TELENEUROLOGY PHYSICIAN EDUCATION

	I ELENEUROLOGY PHYSICIAN EDUCATION
ory	SOC is a service company providing high quality tele-neurology consults via internet broadband connections to hospitals. SOC uses a mix of audio, video and EMR systems to deliver consistent and timely care to those patients who need it the most.
5	SOC offers services in 20 states currently and has over 200 current hospitals live with its service.
& His	There are currently 55 neurologists involved with SOC (Tele-Physicians) – some community based and others are affiliated with our University partners. SOC is the largest tele-neurology practice in the country.
pu	SOC's infrastructure (IronWorks) consists of video conferencing, medical contact center, web- based EMR and operations/IT staffing support (24/7).
Background & History	A typical call begins when the member hospital's in-house physician requests a neuro consult. This triggers an immediate response from our 24/7 contact center to initiate the consult, page the on-call neurologist and connect the SOC physician to the member hospital physician. This process enables us to guarantee a 15-minute response time to the client hospital.
G	SOC is accredited by Joint Commission as an Ambulatory Care Center.
ш	SOC provides 24/7 technical and operational support to both its internal physicians as well as all member hospitals who deploy its services.
	SOC provides coverage for ALL neurologic emergencies, not just Stroke. SOC maintains an overall tPA rate of 5% across <u>all</u> neurology calls. On eligible stroke patients (who meet the criteria for tPA), SOC maintains a 59% tPA rate. Our major hemorrhage ("PH2") rate in tPA cases is less than 4%, which is slightly less than that found in the 2010 Lancet meta-analysis of all randomized tPA stroke trials.
ew	SOC provides all malpractice insurance and licensing for its Tele Physician practices. All SOC physicians will be credentialed as members of your hospital staff.
Clinical Overview	SOC neurologists are (on average) 45 years of age with a minimum of 10-years experience. All are board certified and specialty trained, most in vascular neurology. Just to name a few: Leonard D. DaSilva, MD – Neurology Medical Director, SOC; Clinical Director, Tallahassee Neurological Clinic(former) Evan Allen, MD – Medical Director, Florida Hospital Neuroscience Institute James Grotta, MD – Chairman Dept. of Neurology, UT Houston Jeffrey Saver, MD – Director, UCLA Fellowship Program, Stroke
Clin	SOC uses a standardized "recommendation set" approach to treatment, providing true, evidence based medicine with clinical consistency across the practice.
	5OC utilizes a workflow based EMR system to record all patient and consult data, and to generate recommendation reports that are sent to the member hospital.
	SOC physicians utilize a highly secure and robust tele-video presence system built on Cisco core technology to perform physical exams as well as NIHSS (on relevant patients) with the assistance of a bedside technician, nurse or physician.
	SOC dedicates full time staffing to clinical quality follow-up and monitoring.
, e	SOC's QA director works with member hospitals to obtain timely and relevant feedback on clinical outcomes of all tPA cases (along with additional requested follow-ups).
E C	All clinical follow-up data is available to the SOC physicians as well as the member hospital
uali	SOC provides monthly reports to each of its member hospitals to ensure patient record integrity and consistency.
Quality Assurance	SOC performs 3" party survey's of its service with all patients (those who are contactable) to gain quality feedback and generate portions of our "physician report cards".
	In addition to direct patient feedback, SOC performs quarterly client hospital surveys for overall



feedback on our service.



TELENEUROLOGY CONSULTATION REQUEST

Initial call to Specialists On Call @ 855-216-1075 Fax completed form to Specialists On Call @ 855-216-1036

		7.00		
Hospital Name: Salinas Valley Memorial Hos	pital	State:	CA	
Attending Physician:				
Physician Telephone #:	Fax R	eport to:	831-7	753-6291 (Administrative Supervisor)
Emergency Physician:			Fa	x: 831-771-5069 Emergency Department
Emergency Physician Telephone #:				
Patient Information Must Include Patient F	ace Sh	eet or Pa	itient In	formation Sheet
Patient's Name:			npatien	t Room #:
DOB:			Gender:	
ED Arrival Information				
Mode:				Time:
Consultation Request Must List All Current	t Medi	cations		☐ See attached
Patient Assessment				
What is the nature of this consult? (Please che Neurological Emergency / Code Stroke Sub-Acute / Non-Critical Issue General Question	ck one	box)		
Chief Complaint:				
Proposed Differential Diagnosis:				
Verbal consent for Teleneurology given by patient	/family	☐Yes [Unabl	e to obtain MUST BE COMPLETED
Physician Signature:			Date/	Time:
Salinas Valley	PLACE	THIS F	ORM BE	EHIND PHYSICIAN ORDERS TAB
Salinas Valley Memorial				



A Public District Hospital 8720-030508 (Rev. 9/13)



TELENEUROLOGY **CONSULTATION REQUEST**

IN-PATIENT STROKE PERFORMANCE MEASURES and documentation requirements

All stroke pts are currently included in CORE Measure reporting to CMS, as well as regular reporting to TJC. The listed performance measures have been approved as SVMH Medical Peer Review Indicators All of these indicators and the required documentation have been built into the stroke order sets. Please use the available stroke orders to enhance our performance on these measures

IF NOT USING STROKE ORDERS: Please follow auidelines listed below to meet Core Measures.

Measure	Description	Acceptable methods to meet the performance measure	Source
VTE Prophylaxis Ischemic stroke	VTE prophylaxis must start before the end of day 2, regardless of ambulatory status.	Choose a or b: a) Select an anticoagulant for VTE prophy Heparin, Enoxaparin, Fondaparinux, Warfarin or Rivaroxaban are OK. (Plavix, ASA or Aggrenox are not acceptable for VTE prophy, and if you choose Rivaroxaban, you must document the reason why) b) Document contraindication to pharma prophy AND order VTE Mech device. Documentation of a contraindication must occur on day 1	TJC
VTE Prophylaxis Hemorrhagic stroke	VTE prophylaxis must start before the end of day 2, regardless of ambulatory status.	Choose a or b: a) Order VTE Mech device b) Document a contraindication to VTE Mechanical devices on day 1	TJC
Antithrombotic by end of day 2 <u>Ischemic</u> stroke	All ischemic stroke patients are required to be provided with antithrombotic therapy by the end of day 2 Exception: TPA patients	Choose a or b: a) Select an antithrombotic b) Document the contraindication in your H+P or in the antithrombotic contraindication screen	TJC
Rehab services assessment – all strokes	All stroke patients must be assessed for rehab. during the hospitalization Exception: Pts on hospice/palliative/comfort care	Choose a or b: a) Order an assessment by any of the Rehab services. b) Document in the Rehab Contraindication screen or in your d/c summary.	TJC
Antithrombotic at discharge Ischemic stroke	All ischemic stroke pts. require an antithrombotic at discharge Exception: Pts on hospice/palliative/comfort care	Choose a or b: a) Order the antithrombotic at discharge. b) Document the contraindication in your discharge summary.	TJC
Statin at discharge <u>Ischemic</u> stroke	All ischemic stroke and TIA patients must be discharged on a statin. Exception: Pts on hospice/palliative/comfort care	Choose a or b: a) Order a statin at discharge. b) Document the contraindication in your discharge summary. (While you may use low LDL for reason not prescribing, LDL under 100 is no longer considered an automatic reason for no statin.)	TJC
Anticoag, for A Fib pts. at discharge Ischemic stroke	Anticoagulation will be prescribed at discharge for A Fib / A Flutter patients Exception: Pts on hospice/palliative/comfort care	Choose a or b: a) Order the anticoagulant at discharge. b) Document the contraindication in your discharge summary.	TJC
Thrombolytic therapy <u>Ischemic</u> stroke	Ischemic stroke pts. who arrive w/in 2 hours of symptom onset or time last known normal should be provided thrombolytic therapy w/in 3 hours of symptom onset unless contraindications or a documented patient reason for delay of tPA exists.	Choose a or b: a) For pts who did not receive tPA: Fill in the "Contraindications to TPA screen in the admission orders. b) INPATIENT ischemic strokes should be screened for tPA using the "Stroke tPA Screening" set.	TJC

ATTESTATION OF HOSPITAL PHYSICIAN ORIENTATION

GENERAL DOCUMENTATION

- 1. Hospital Floor Directory
- 2. Hospitalist Contact Information
- 3. Physicians under contract for call with Hospitalist Group
- 4. Physicians Hospitalists do not admit for
- 5. Specialist Contact Information
- 6. Lead Hospitalist Job Responsibilities
- 7. Physician certification of death form
- 8. SVMC Hospitalist Admissions form
- 9. Ingenious Med
- 10. Accessing Meditech Physician Portal
- 11. Physician Documentation Query
- 12. Palliative Medicine Consult

STROKE

- 1. Code Stroke Process (policy on SVMH intranet)
- 2. Acute Stroke Transfer Protocol
- 3. Blood Pressure Management in the stroke patient
- 4. tPA Indications and Contraindications
- 5. Tele-neurology for Stroke
- 6. Stroke Core and Performance Measures
- 7. Stroke and tPA Order Sets

CHEST PAIN / AMI

- 1. In-Patient Code STEMI Process (policy on SVMH intranet)
- 2. Chest Pain Program Performance Measures
- 3. ACTION Registry Requirements for AMI Population
- 4. Chest Pain / ACS (AMI) / CDU Chest Pain Admission Order Sets

INSTRUCTIONS AND GUIDELINES

- 1. Security Key Issuance Form
- 2. Nephrology Patients admission Guidelines
- 3. Census / Admission Cap
- 4. Swing expectations and hours
- 5. Direct Admission Guidelines
- 6. RRT Guidelines
- 7. Medical Staff general rules and regulations
- 8. iPhone setup for email
- 9. Instructions for schedule sharing

Attestation: I attest that I have been or orientation modules.	iented to the subjects noted above and have comple	ted the initial online
Signature	Date	
Print Name		

2021 Hospital

Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctl	ents correct	oatients corre	ctly
----------------------------	--------------	----------------	------

NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient's name and date of

birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01 Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes,

cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01 Record and pass along correct information about a patient's medicines. Find out what

medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is

important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01 Make improvements to ensure that alarms on medical equipment are heard and responded to

on time.

Prevent infection

NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the

World Health Organization. Set goals for improving hand cleaning. Use the goals to improve

hand cleaning.

Identify patient safety risks

NPSG.15.01.01 Reduce the risk for suicide.

Prevent mistakes in surgery

UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place

on the patient's body.

UP.01.02.01 Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.



Learning Objectives

- Explain the Cal/OSHA regulatory requirements regarding Workplace Violence Prevention Program.
- Describe specific SVMH Workplace Violence Prevention Program.
- Identify the different types of workplace violence per Cal/OSHA definitions.
- Discuss the reporting process for any workplace violence incident.

Workplace Violence Prevention (WVP) Program

- July 1, 2017 Cal/OSHA requires all CA hospitals to develop a comprehensive WVP Program with specific elements (reporting, training, etc.).
- April 1, 2018 Hospitals must have trained employees and have plan in place.
- WVP Committee has been established and is working with employees on developing plan.

What is Workplace Violence?

- Act of violence or threat of violence occurring at the worksite.
- Doesn't include lawful acts of self-defense or defense of others.
- Includes threat or use of physical force against an employee that results in or has a high likelihood of resulting in injury, psychological trauma, or stress, regardless of whether the employee sustains an injury.
- Includes the threat or use of a firearm or other dangerous weapons, including the use of common objects as weapons regardless of whether the employee sustains an injury.

Types of Workplace Violence

- Type 1: Workplace violence committed by a person who has no legitimate business at the work site and includes violent acts by anyone who enters the workplace with the intent to commit a crime.
- Type 2: Workplace violence directed at employees by customers, clients, patients, students, inmates, visitors or other individuals accompanying a patient.
- Type 3: Workplace violence against an employee by a present or former employee, supervisor or manager.
- Type 4: Workplace violence committed in the workplace by someone who does not work there, but has or is known to have had a personal relationship with an employee.

Reporting Process – Communicate and Stop Incident

- Remove yourself from harm immediately!
- Call for immediate assistance. Call 2222 to call Code Grey or Code Silver and pull emergency cord, if appropriate.
- Immediately report incidents and/or violent attacks or threats of violence on the part of co-workers, visitors, patients, or vendors to Security, Director or Manager, and/or the Administrative Supervisor (Admin Sup) if the incident occurs outside of regular business hours or on a weekend.
- Reports must be made immediately after the incident due to specific timelines required by the regulation.

Report the Incident

Phase I:

- Complete a report in the occurrence reporting system (WeCare).
- Complete an Employee Injury/Illness
 Exposure Report Form if an injury, illness, or exposure occurs.

Report the Incident

Phase II:

- Admin Sup must receive immediate communication about the event due to specific timelines required to report as stated in the regulation.
- He/she will document the incident.
- Once the report form is submitted, designated WVP committee members will report to Cal/OSHA.
- Employee's manager will be notified to ensure appropriate follow up is taken to address any physical and emotional needs and to prevent any recurrence.

After the Incident

- The WVP Committee reviews incidents after they are reported to assess the incident and works with manager to ensure appropriate follow up occurred.
- Plan is developed and documented to prevent re-occurring incidents.

No Retaliation

 Per hospital policy, no employee will be disciplined or retaliated against for reporting bullying, threats, or acts of violence against themselves or others in the workplace.

Workplace Violence Prevention Workgroup Members

- Chief HR Officer (Executive Sponsor)
- HR Manager
- Employee Health Manager
- Safety Manager
- Security Director
- Nursing Directors (ED and MedSurg)
- Education Manager
- Sr. Administrative Director, Patient Care Services
- Risk Management Manager
- Director of Marketing and Public Relations
- Designated Interdisciplinary Staff Representatives (ad hoc)

Any Questions?

- For more information or questions, please contact:
 - Robert Andersen in the Human Resources department at extension 1897 or
 - Jill Peralta-Cuellar in Employee Health Services at extension 1985.