Welcome

- Welcome to **Arizona Spine & Joint Hospital!** We are pleased to have you as part of our Medical Staff.

- This orientation provides key information that will be useful to review prior to practicing at our facility.

Arizona Spine & Joint Hospital

Arizona Spine & Joint Hospital

- Established in 2002

- Proudly Physician Owned & Operated
  – 15 Physician Partners

- Licensed for 23 beds

- Fully Accredited by The Joint Commission

- CMS rated 5-Star Facility for Patient Experience

Arizona Spine & Joint Hospital

- **Our Mission:**
  - Provide the highest quality services and support for our patients, physicians and staff.
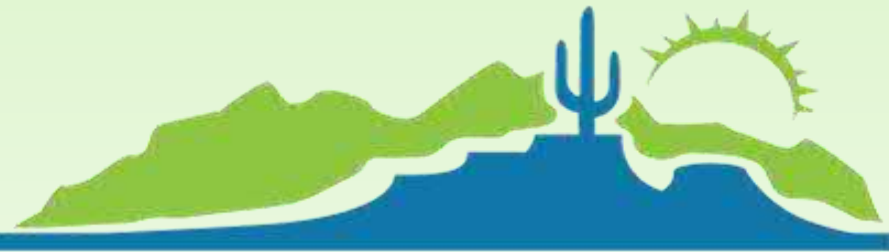
- **Our Vision:**
  - Be the preferred orthopedic hospital for our patients, physicians, employees and health care partners.

Value Statements

- **Arizona Spine & Joint Hospital (ASJH)** is dedicated to providing the highest quality services by following these values:

  - **S** : Sincerity

  - **M** : Motivation

  - **I** : Integrity

  - **L** : Laughter

  - **E** : Enthusiasm

Commitment To Safety

- 5 Safe Behaviors:

1. Have a questioning and receptive attitude.
2. Pay attention to detail.
3. Support each other.
4. Communicate clearly.
5. Handoff effectively.

Environment of Care

- Minimizing and eliminating physical risks in the facility is a top priority. Should you need to report a physical risk, you may do so by going to the Online Reporting system located on all ASJH computers. Any ASJH employee can assist you in the process if needed.
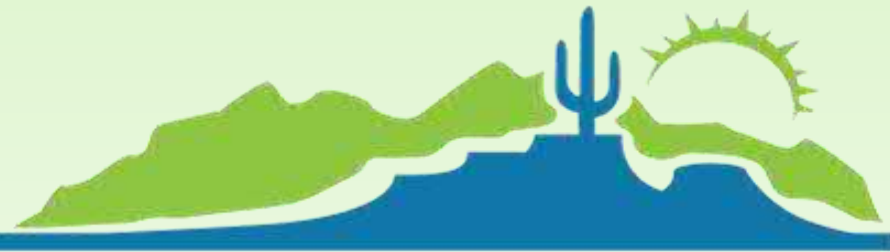
Hospital Statistics

- 4 Operating Rooms
  - 6 Pre-Op Beds
  - 8 Post-Op Beds

- 2 Procedure Rooms with Fluoroscopy

- 23 Inpatient Beds

Specialties

- Orthopedic Spine
- Total Joint & General Orthopedics
- Sports Medicine
- Hand, Wrist and Elbow
- Orthopedic Foot & Ankle
- Podiatry
- Pain Management
- Plastic Surgery

Hospital Leadership & Key Contacts
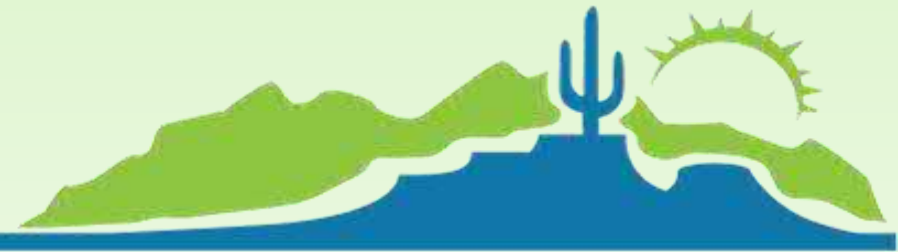
Executive Administration

- **Elizabeth Kearney**, Chief Executive Officer
  - Phone: (480) 308-7713

- **Devin Harden,** Chief Financial Officer
  - Phone: (480) 734-2333

- **Denise Hackett**, Chief Nursing Officer
  - Phone: (480) 824-1225

Administration

- **Elizabeth Bryant**, Credentialing Coordinator
  - Phone: (480) 734-2332

- **Michelle Hill**, Human Resources Director
  - Phone: (480) 308-7702

Administration

- **Michelle Schreck**, HIMS & Admitting Manager
    - Phone: (480) 824-1276

- **Maryann Fields, Director IT/Clinical Informatics**
    - Phone: (480) 824-1252

Governing Board (GB)

- **Christopher Bryce,** MD
- **Earl Feng,** MD
- **Amy Lowry,** Dignity Health Director
- **Scott Chapman,** Surgery Partners VP Operations
- **Elizabeth Kearney,** ASJH CEO
- **Francis Socash,** Surgery Partners Senior VP Operations
- **David Tomlinson,** USPI Regional VP
- **Max Thomas,** MD (Advisory Member)
- **Terrence Crowder,** MD (Advisory Member)
- **Todd Gunzy,** MD (Advisory Member)

Medical Staff Officers

- **Chief of Staff:** Klee Bethel, MD
- **Chief of Surgery:** Maxwell Thomas, MD
- **Chief of Medicine:** Pedram Ayazi, MD
- **Chief of Anesthesia:** Matthew Spigel, MD
- **Laboratory Director:** Stefan Costinean MD
- **Radiology Director:** Scott Logan, MD
- **Hospitalists:** Pioneer Hospitalist Group

Medical Executive Committee (MEC)

- **Klee Bethel,** MD – Chairman
- **Pedram Ayazi,** MD
- **Earl Feng,** MD
- **Todd Gunzy,** MD
- **Matthew Spigel,** MD
- **Max Thomas,** MD
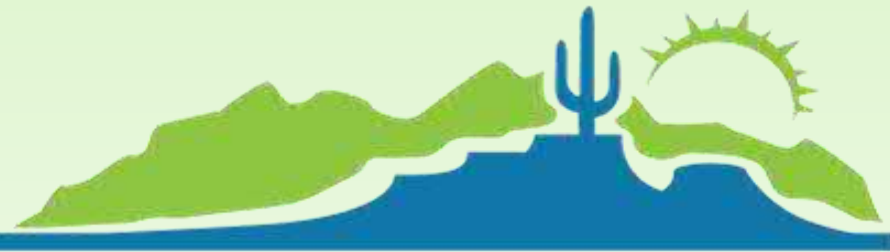
Performance Improvement Committee

- **Pedram Ayazi,** MD
- **Matthew Spigel,** MD
- **Maxwell Thomas,** MD
- **Klee Bethel,** MD
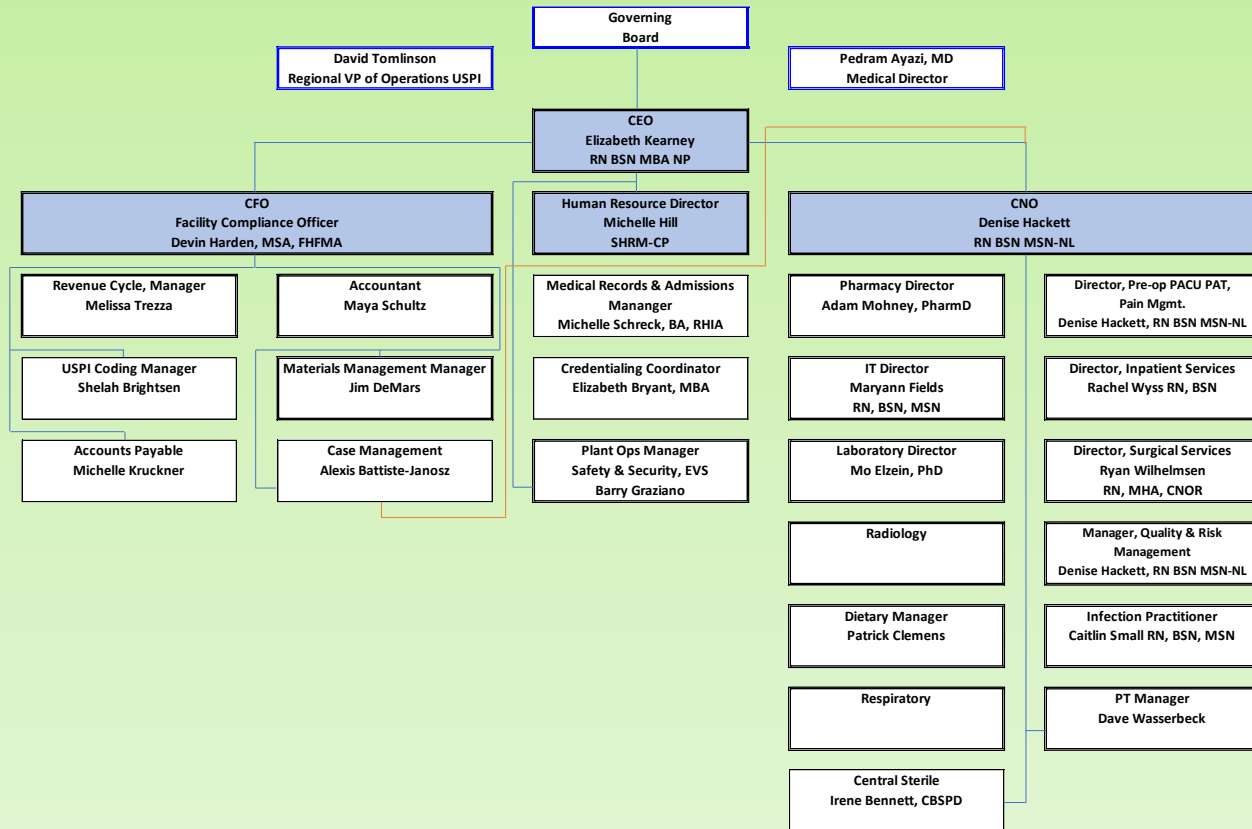- **Stefan Costinean,** MD
- **Denise Hackett,** CNO
- **Elizabeth Kearney,** CEO
- **Devin Harden,** CFO
- **Rachael Wyss,** Nurse Manager – Inpatient Unit
- **Denise Hackett,** Nurse Manager – PACU
- **Ryan Wilhelmsen,** Nurse Manager – Surgery
- **Adam Mohney** – Director of Pharmacy

Organization Chart

Governing Board

David Tomlinson
Regional VP of Operations USPI

Pedram Ayazi, MD
Medical Director

CEO
Elizabeth Kearney
RN BSN MBA NP

CFO
Facility Compliance Officer
Devin Harden, MSA, FHFMA

Human Resource Director
Michelle Hill
SHRM-CP

CNO
Denise Hackett
RN BSN MSN-NL

Revenue Cycle, Manager
Melissa Trezza

Accountant
Maya Schultz

Medical Records & Admissions Mananger
Michelle Schreck, BA, RHIA

Pharmacy Director
Adam Mohney, PharmD

Director, Pre-op PACU PAT, Pain Mgmt.
Denise Hackett, RN BSN MSN-NL

USPI Coding Manager
Shelah Brightsen

Materials Management Manager
Jim DeMars

Credentialing Coordinator
Elizabeth Bryant, MBA

IT Director
Maryann Fields
RN, BSN, MSN

Director, Inpatient Services
Rachel Wyss RN, BSN

Accounts Payable
Michelle Kruckner

Case Management
Alexis Battiste-Janosz

Plant Ops Manager
Safety & Security, EVS
Barry Graziano

Laboratory Director
Mo Elzein, PhD

Director, Surgical Services
Ryan Wilhelmsen
RN, MHA, CNOR

Radiology

Manager, Quality & Risk Management
Denise Hackett, RN BSN MSN-NL

Dietary Manager
Patrick Clemens

Infection Practitioner
Caitlin Small RN, BSN, MSN

Respiratory

PT Manager
Dave Wasserbeck

Central Sterile
Irene Bennett, CBSPD

Let's Begin Successful On-boarding!

ID Badges & Key Fobs

- Plant Operations will assist in obtaining your ID badge & key fob.

- Your ID badge and key fob provides access to all building entry points.

- Your ID badge & key fob **MUST** be worn on-site at all times for both security and safety purposes.

- If you need a replacement ID badge or key fob, please contact plant operations:
  - Barry Graziano: (602) 722-3212

Hospital Access

- The front door is open at 5:00am and locked at 4:00pm, Monday – Friday.

- The inpatient entrance on the East side of the facility is open 24/7.

Parking

- Physicians may park in the covered parking located on the West side of the facility. Covered parking is for Physicians only. CRNA's and PA's may park in any uncovered and unmarked spaces on West side or any unmarked spaces on property.

- Parking for all other medical staff is located on the West and East sides of the facility.

- Please leave parking in front of the hospital for patients.

Attire

- ASJH provides scrubs for physicians. These must be worn in the OR.

- Changing rooms are located in each department and in the locker rooms.

- Caps and shoe covers are also located in locker rooms.

- We ask that you do not wear our scrubs outside of our hospital.

- If coming from another facility, it is required that you change into the scrubs supplied here to prevent infection.

Physician Lounge

- Located next to the OR Hallway.

- Accessible to providers at all times of the day.

- A computer is available for charting or checking patient information.

- Coffee, water and snacks are always available in the physician lounge.

Dietary

- Complimentary breakfast is served Monday mornings from 6:30am-8:30am.

- Lunch is free for providers and served Monday-Friday from 11am-1pm.

- If a food allergy or food preference is present, contact dietary at (480) 824-1261 and they will accommodate.

Medical Staff Services

- The Medical Staff Services office is in the Business Office of the hospital and is open Monday-Friday from 7:30am-4:00pm.

- Important Contact:
  – Credentialing Coordinator: Elizabeth Bryant at (480) 734-2332 or Elizabeth.Bryant@azspineandjoint.com

- Please make sure that the Credentialing Coordinator has your correct address and phone/fax number.
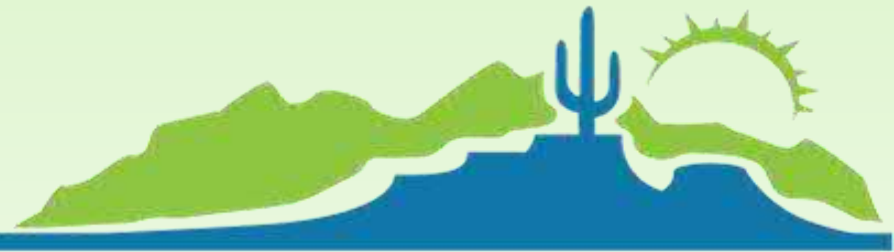
Medical Staff Services

- **Physicians:**
  - As a new member, physicians are under a one year provisional period
  - Provisional physicians can vote at department meetings
  - Provisional physicians may not vote at general medical staff meetings

- **Advanced Practice Professionals:**
  - Advanced Practice Professional members are welcome to attend both department meetings and medical staff meetings. Advanced Practice Professional members do not have a vote.

- ❖ Once appointed, reappointment will normally occur every 2 years.

Medical Staff Services

- Medical Staff privileges:
  - Medical Staff members can perform only those procedures for which they have been credentialed.

- Staff can verify privileges:
  - Review each providers' "Delineation of Privileges" on the local intranet.

Education

- The Joint Commission requires that each Licensed Independent Practitioner receive education regarding Impaired Physicians, Central Lines, Restraints, Pain Management, Organ Donation and Infection Control practices, such as Prevention of Surgical Site Infections, Multi-Drug Resistant Organism (MDRO), Antibiotic Stewardship, Safe Use of Opioids, and Hand Hygiene.

Phone System

- Outgoing Calls – Dial "9" first.

- Overhead paging – press the # key and dial 610, speak your message, then hang up receiver.
  - Please remember this is only to be used when necessary as all patient and family members will be able to hear your message

- Any staff member can be reached by calling the main hospital number at (480) 832-4770.

Interpretive Services

- Stratus Video Interpreter (Wall-E)

- 1-800-514-9237 or 1-888-983-5352

- Contracts for American Sign Language through Valley Center of the Deaf and Freelance Interpreting Service

- Arizona Relay Station Operator for TDD services

Dictation Instructions

- Dial In Instructions
  - Dial (888) 819-2013
  - When prompted, enter your user ID Number and press #.
  - Enter a document type (below) and press #
    - 04 – History & Physical Report
    - 05 – Letter
    - 06 – Discharge Summary
    - 07 – Operative Summary
    - 08 – Consolation Report
    - 11 – Radiology Report
  - Enter a Patient ID and press #.
  - Press 2 to Record, 5 to Pause/Stop and # to finish the report and start another.

Electronic Signature

- Must sign in to Emdat NOT Meditech
  - **Username:** XXXXX
  - **Password:** password (can be changed when you log in)
  - **Client:** NSH

- Logon to https://www.escription-one.com/inquiry and press "Login".
  - To view pending reports click "E-sign"
  - To sign click "Complete"
  - To review/edit click on document line. Once open the icons above document will allow editing and completing.

- Need Help – call (480) 382-4279
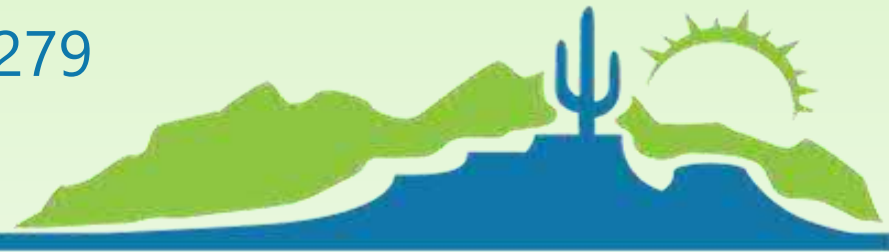
Signing Medical Records Deficiencies

- Medical Records has instituted electronic signing of deficiencies (sign, date or a time missing)

- Users log into Meditech

- Click on Deficiencies and My Notices

- Double Click on the patient's name and click on the deficiency to sign

- Enter your Pin

- Click on Save Signatures

- Enter your Pin again

- For additional assistance please contact Medical Records at 480-824-1284.

Health Information Management (HIM)

- We are committed to maintaining a secure environment to protect sensitive documents and information related to patient care. Medical staff are therefore obliged to maintain this commitment and follow the guidelines set forth in the Information Management Policies and Procedures.

- Appropriate guidelines are set in place and located in the HIM policies on intranet. These policies outline procedures and expectations for medical staff to use as a guide. Medical staff are required to complete an Information Security Agreement in which they agree to comply with policies relating to confidentiality and appropriate access.

- Protected Health Information can be both electronic information as well as written or communicated information. All types of information must be protected.

Health Information Management (HIM)

- Computer systems are password protected. One single password provides access to most systems.

- Never share your password and log off system before leaving unattended.

- Never enter into a patient record unless it is required by your job.

- Never view family member records in Meditech.
  - Go to the HIM department and sign a Release of Information Form to obtain a copy.

Medical Records

- **What is a Medical Record?**
  - A medical record includes any documentation of the patient's care and treatment, including but not limited to, paper charts, x-rays, pathology slides, and electronic or faxed information.

- **Proper Documentation:**
  - Should be clearly labeled with patient's complete name and medical record number.
  - All examinations of patients should be documented in the record.
  - Entries should state the Month, Day, Year, Time of day, and the Signature of the provider making the entries.
  - Verbal Orders should be authenticated within 30 days.
  - Entries should be made using only hospital accepted terminology and abbreviations. (Medical Records Department maintains information on approved abbreviations).

Medical Records

- **Proper documentation continued:**

  – Associated records and tests (e.g. EKG's, EEG's, etc.) should all be properly labeled with the patient's name, medical record number when appropriate, Date and Time performed.

  – Progress notes should indicate that the patient was kept informed of his/her condition, as well as the treatment plan.

  – Entries should document all instance of patient non-compliance with recommended treatment; and that the patient was informed of potential consequences of non compliance.

  – Entries should only be made by approved hospital record forms.

  – Entries should only be made using a pen. Never a pencil or felt-tipped marker.

  – Providers must never alter a patient records. One should not erase, obliterate or attempt to edit notes previously written.

Medical Records

- **Proper documentation continued:**

  - To indicate a correction, draw a single line through any erroneous hand written chart entry and write "error" date and time on your correction.

  - All corrections, late entries, entries must be made out of time sequence and addendum should be clearly marked as such in the record. Include date, time of day written, and signature.

  - All History and Physicals must meet documentation requirements for an H&P, be within 30 days and updated prior to surgery.

Medical Records

- All Medical Records must be completed within 30 days of the patient's discharge.

- Patients can receive a copy of their medical record by contacting the Medical Records Department.

- Medical Records Department staff is available from 7am-3pm, Monday-Friday.
  - Phone: (480) 824-1284

Electronic Medical Record (EMR)

- Our integrated electronic medical record system is Meditech. Providers require training on documentation, CPOE and e-prescribing. Use of e-prescribing is REQUIRED at this facility.

- Individualized Meditech training MUST be scheduled PRIOR to first day at ASJH.

- Passwords for entering the EMR, as well as the dictation system are obtained during Meditech training.
  - Contact Maryann Fields at (480) 824-1252 or maryann.fields@azspineandjoint.com to schedule Meditech training.
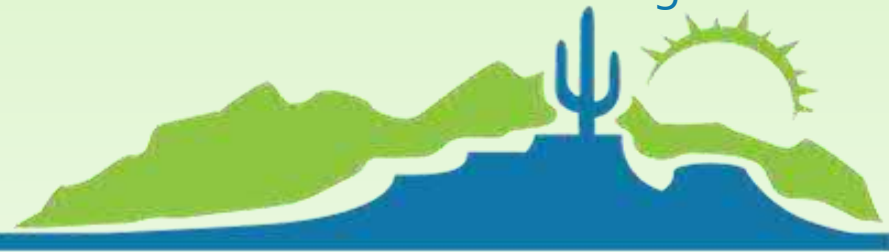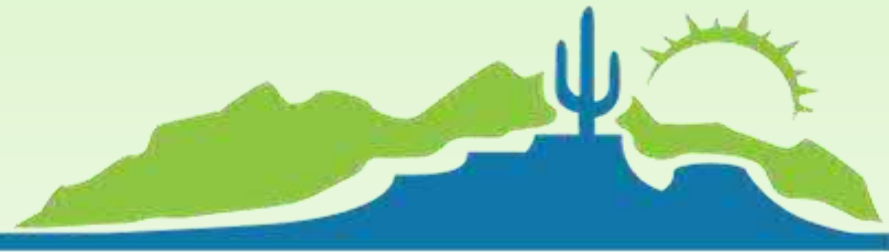
IT Help Desk

1-615-234-5980

- ASJH's Information Services Department operates a 24 hour Help Desk for assistance with computer software applications and service for facility-owned hardware components.

- ASJH utilizes "Single Sign On" – one password is used to access all hospital systems, including Pyxis.

- Users can sign up for a self service account option for password re-sets.
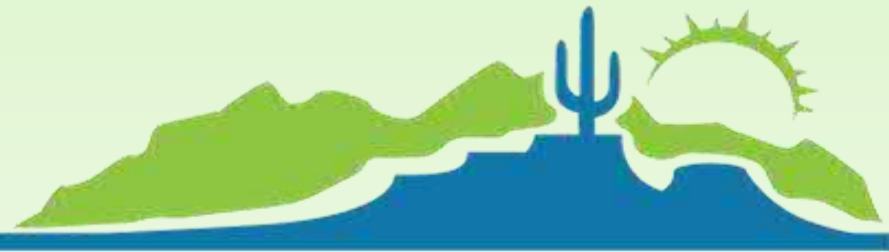
Abbreviations

- ***Stedman's Abbreviation*** is used as a reference for medical abbreviations.

- **DO NOT USE** abbreviation list: should not be used in any order, medication related documentation or on pre-printed forms:
  - U, u
  - IU
  - Q.D., QD, q.d., qd
  - Q.O.D., QOD, q.o.d., qod
  - Trailing zero (X.0 mg)
  - Lack of leading zero (.X mg)
  - MS
  - MSO4 and MgSO4

- Orders containing unapproved abbreviations should be clarified before being followed.

Diagnostic Imaging Services

- Radiologic Technologists are in-house Monday-Friday, normal business hours. On-call at all other times.

- Services:
  - Digital Radiography
  - Fluoroscopy, Mobile C-Arms

Laboratory

- Laboratory & Pathology staff are readily available to advise treating physicians on which tests to order and discuss the implications of test results.

- Laboratory technicians run stat specimens, supervise the blood bank, and support the lab needs of the facility.

- Results:
  - Turnaround time varies by test from a few hours to several days for particularly complex tests. Test results can be delivered by phone, fax written report or computer reporting.

- Blood supply is provided by United Blood Services.

- ❖ ASJH has limited lab testing capabilities. Please review our Lab Order to know our capabilities.

Pharmacy Responsibilities

- Ensure appropriate patient-specific pharmacotherapy and promotes safe use of medications in the facility.

- Act as a drug information resource for hospital clinical staff and providers

- Provide education to patients and their families and our clinical staff.

- Oversee Antibiotic Stewardship program

- Oversee Opioid Stewardship initiatives in the facility

- Lead Pharmacy and Therapeutics Committee.

Pharmacy Coverage

- There is a pharmacist on site Monday-Thursday from 6:30am to 9:00 p.m. and on Friday from 7:00 a.m. to 5:30 p.m.

- After hours pharmacy coverage is provided off site by Cardinal Pharmacy Services for order entry, pharmacy consultation, etc.

- A hospital pharmacist is on call at all times to assist with any issues that cannot be handled remotely.

- All medication orders must be verified by a pharmacist prior to administration to a patient except when the medication is administered under the direct supervision of a licensed independent practitioner or in a situation where delay in administration may cause patient harm.

Pharmacy Protocols

Unless the provider expressly prohibits changes, a pharmacist is authorized to enter orders and make changes to physician orders under the following hospital-approved protocols:

- Therapeutic Interchange Protocol
- Antibiotic Stewardship Protocol
- Pain Scale Protocol/Gabapentin Protocol
- Electrolyte Replacement Protocol

Copies of the hospital formulary and all approved protocols are available on the MESA drive with paper copies located near physician work areas.

Pharmacy

- Physicians are required to provide a clinical indication for all antibiotic orders. Pharmacy cannot verify a medication order without an indication.

- Paper prescription blanks are NOT available from the hospital. Providers are required to e-prescribe using Meditech or ensure that any necessary paper prescriptions are provided by your office.

Medication Management

- Access to medications is via PYXIS automated dispensing cabinets which are located in each of the Operating Rooms, the OR hallway and in several other locations throughout the hospital.

- Providers are responsible for labeling, securing, supervising and properly disposing of any medications they remove from Pyxis.

- All pharmaceutical waste is to be disposed of in a WHITE waste container.

- Controlled substances (including ephedrine) must be handled with particular care and properly accounted for. **Failure to properly document administration or waste of a controlled substance may result in progressive peer disciplinary action.**

- **Waste of all controlled substances (CII-CV) <u>shall be </u>documented in Pyxis in the presence of a witness.**
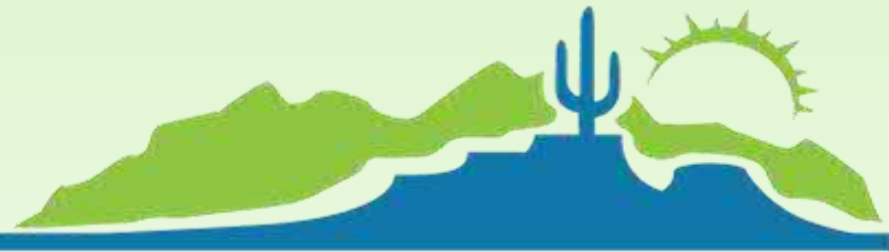
Pharmacy –
How to Waste a Controlled Substance in the Anesthesia Pyxis

You may perform a return transaction in Pyxis to place an *UNUSED* controlled substance in the return bin.

BD Pyxis™ Anesthesia Station ES
Document medication waste

Medications that require a witness and are removed in excess of the required amount must be documented as wasted. Other medications can be wasted, if needed. Your facility's policies and procedures may dictate any requirements for wasting and documenting unused portions of controlled medications.

1. From the Home screen, select **Case**.
2. The Patients screen will be displayed. Select a patient.
3. When the Medication screen appears, select **Case**.

Note: Medications dispensed within the previous 24 hours display on the screen. Those that have been wasted or returned are greyed out. Use the filter options to sort the list of medications. For example, select My Dispenses and Remaining, then scroll down to view medications that can be returned, or select the clock icon to move the remaining medications to the top of the list.

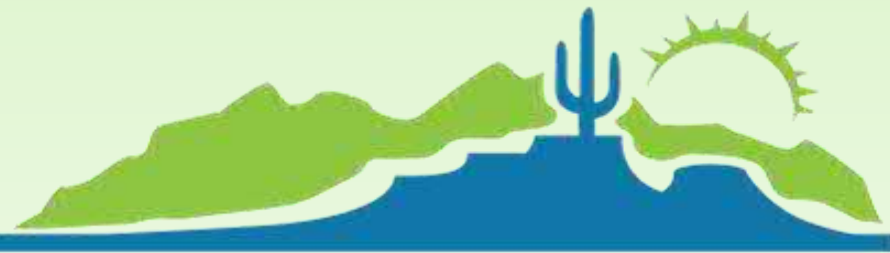4. Select the medication to waste, then select **Waste**.

5. Enter the amount to waste. To stop the waste process, select the X next to the medication name or select **Cancel**.
6. Physically waste the medication according to your facility's policies and procedures.
7. Select **Waste**. If a witness is required, you will be prompted to have them enter their log in credentials to complete the transaction.

Pharmacy

- The Director of Pharmacy chairs the following committees:
  - Antibiotic Stewardship Committee
  - Pharmacy and Therapeutics (P&T) Committee

- Additions to the hospital medication formulary or changes to protocols or order sets must be requested in writing and approved by the members of P&T with final approval by the Medical Executive Committee.

- Any custom medication preparations proposed for use in this facility must be submitted to the Director of Pharmacy so they can be reviewed and approved by the members of P&T with final approval by the Medical Executive Committee.
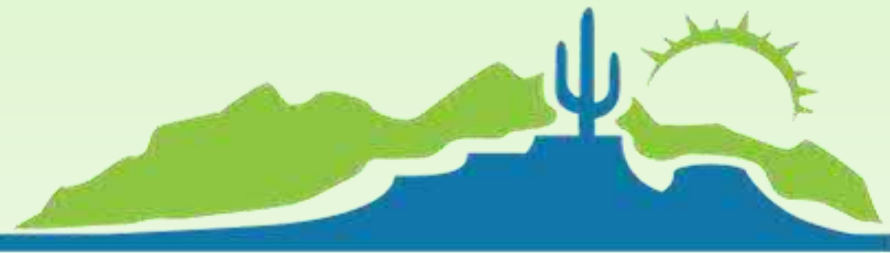
Infection Control

- **Effective Hand Hygiene:**
  - Our expectation is 100% compliance with proper hand Hygiene protocols to reduce the incidence of Hospital Acquired Infections (HAI)
  - The single most important means of preventing the spread of nosocomial infections, including Multi-Drug Resistant Organisms (MDRO's) is a personal commitment to effective hand washing.

- **Hand Washing Protocol:**
  - Wash hands with warm, running water, add soap & lather well. Rub hands vigorously (creating friction) for 20 seconds, scrub all surfaces – back of hands, in between fingers and wrists – and rinse hands & dry with a disposable towel. Use the towel to turn off the faucet.

- ❖ **HAI**: infection acquired by patients while in the hospital unrelated to the condition for which the patient was hospitalized.

Infection Control

- **CDC Hand Washing Recommendations:**

  - **ALCOHOL BASED HAND RUB:** An alcohol-based hand rub can be used if hands are not visibly soiled and as an alternative to using soap & water when that option is not available. Alcohol solutions containing 60% to 95% are most effective.

  - The recommended technique for using an alcohol-based hand rub is to apply the product generously to one hand and rub hands together, covering all surface of hands and fingers, until hands are dry (at least 30 seconds). Follow the manufacturer's instructions regarding the amount of product to use.

Infection Control

- ## CDC Hand Washing Recommendations:

  - **HAND HYGIENE**: Wash hands with soap (antimicrobial or non-antimicrobial) and water when hands are visibly soiled or use an alcohol based hand rub when hands are not visibly soiled in the following situations:
    - Before having direct contact with patients.
    - Before donning sterile gloves to insert a central intravascular catheter.
    - Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
    - After contact with a patient's intact skin (e.g.. When taking a pulse or blood pressure).
    - After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings. If hands are not visibly soiled.
    - When moving from a contaminated-body site to a clean-body site during patient care.
    - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
    - After removing gloves.
    - Before eating and after using the restroom.

MDRO's

MDRO's are resistant to usual antimicrobial therapy and act as reservoirs for resistant genes that can be passed on to other bacteria. MDRO's increase patient morbidity and mortality extend length of stay and increase cost of patient hospitalization. MDROs are difficult to treat because of innate or acquired resistance to first-line of antimicrobial therapy or multiple classes of antimicrobial agents. MDROs are primarily transmitted via direct contact (i.e., hands of healthcare workers) and by indirect contact (i.e., contaminated environment/medical equipment). The increasing prevalence of antibiotic resistant micro-organisms, especially those with multi drug resistance, is causing international concern and their control is vital. The successful control of transmission is based on a combination of interventions including adherence to hand hygiene and glove use, appropriate use of personal protective equipment using transmission based precautions, cleaning and disinfection of shared patient equipment as well as appropriate antibiotic usage. The prevention and control of MDROs is a national priority - one that requires that all healthcare facilities and agencies assume responsibility.

Risk factors that increase the patient's susceptibility for acquiring MDROs include:
Severe underlying disease
Increased length of hospital stay
Multiple hospitalizations
Age (over 65 years of age)
Multiple invasive procedures
Wound(s)
Indwelling medical devices
Administration of multiple broad spectrum antibiotics

MDROs of particular focus include but may not be limited to:
Methicillin Resistant **Staphylococcus aureus** (MRSA),
Vancomycin Resistant **Enterococci** (VRE),
Clostridium difficile (C-diff),
Carbapenenm-resistant Enterobacteriaceae (CRE)

Patient Admission

- All patient admissions require orders, insurance information and identification.

- For Pre-Registration please utilize the appointment scheduling process to expedite registration and pre-admissions testing prior to surgery to reduce extended wait time.

OR Scheduling

- To schedule a patient for surgery fax all orders and clinical information to (480) 824-1220.

- Our Surgical Scheduling team can be reached at (480) 824-1264.
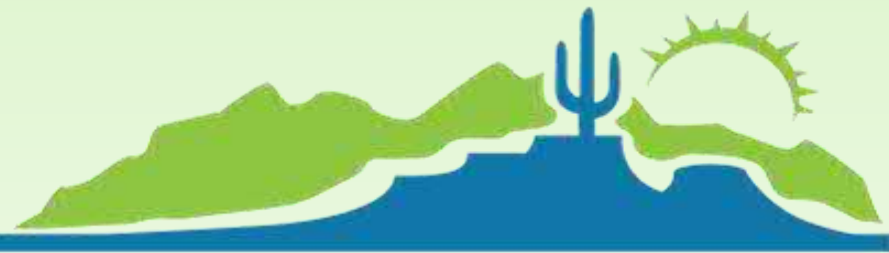
Pre-Admission Testing (PAT)

- PAT nurses are available Monday-Friday, 8am-4pm.
  - Testing is by appointment only.
  - Some insurance plans require patients to have testing done at PCP's office.
  - Patients must be scheduled for surgery prior to having testing.
  - Please fax or email all necessary paperwork to scheduling at least 2 weeks prior to patients surgery.
    - Incomplete orders or incomplete information can cause a delay in service.
  - We are able to do lab work, EKG's, and CXR's. However we are unable to clear patients for surgery.
  - Please fax any outside testing, clearances, and H&P's to PAT at least 48-72 hours prior to the patients surgery.
  - **P:(480) 824-1231 | F:(480) 824-1231**
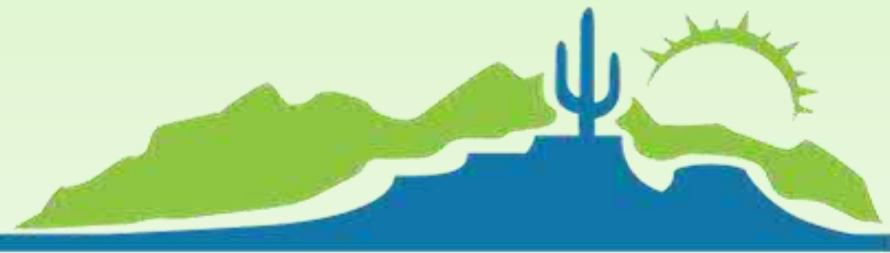
Patient Wristbands

- Patient Identification
  - Name & Date of birth

- Color Coded Clasp
  - Red = Allergy
  - Yellow = Fall Risk
  - Purple = DNR
  - Green Sticker = Advanced Directive
 - Orange = At Risk for ADR from an opioid
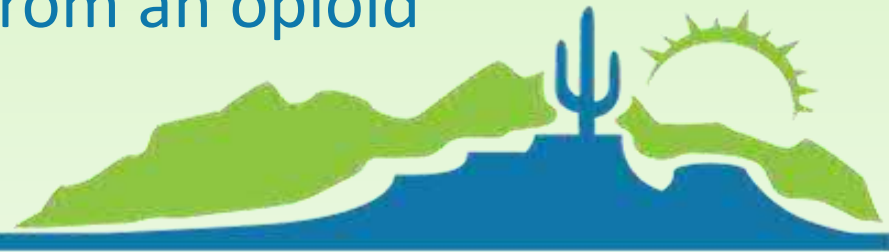
Hospital Policies

- All hospital policies & procedures can be accessed using the PolicyStat shortcut from the hospital Desktop.

- All Medical Staff Members/Licensed Independent Medical Practitioners are responsible for having a working knowledge of pertinent policies & procedures.

- Electronic copies of pertinent policies & procedures are provided upon orientation.

Corporate Compliance

- Our Code of Conduct and Corporate Compliance Plan applies to relationships with patients, physicians, payers, suppliers, the community we serve and to each other.

- The key elements of Corporate Compliance:
  – Prevent, identify, and correct unlawful and unethical behavior at an early stage.
  – Demonstrate commitment to honest and responsible corporate conduct.
  – Use internal auditing and monitoring to minimize exposures associated with improper activity and ensure we comply with the False Claims Act.
  – Encourage open line of communications without fear of retaliation.

- **ASJH** maintains an anonymous "Compliance Hotline":
  – Call **1-888-805-8250** ext.6 to voice concerns or complaints

- **Devin Harden, Chief Financial Officer/Compliance Officer**
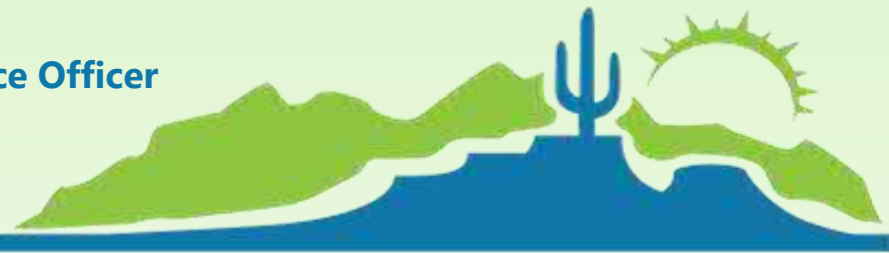
Communication

- **S – Situation**   Admitting & secondary diagnoses, current issues.

- **B – Background**   Pertinent medical history, physician & ancillary staff consults, previous tests & treatments, psychosocial issues, allergies and current code status.

- **A – Assessment**   Head-to-toe physician assessment: vital signs, IV's, line site assessment, oxygen, pain status, drains, tubes, wound assessment & care ADL's, diet, activity, restrictions, isolation, fall, bleeding precautions, fluid, labs, diagnostics.

- **R – Recommendation**   Plan of care, "needs to be addressed" orders, orders pending completions, pending treatment and tests, discharge planning, issues, and barriers.
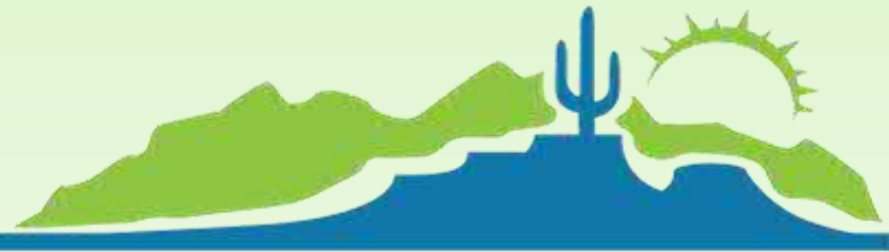
Communication

- **Consults:**
  - Require immediate physician-to-physician contact
  - Document orders in patient records
- **Non-Urgent Consults:**
  - Require timely verbal communication with the consultant
  - Document orders in patient records
  - Provide adequate written communication from the consulting physician
- **Consultation request should be responded to within 24 hours or sooner if clinically appropriate:**
  - A response should be written (or dictated)
  - Verbal communication with the requesting physician is required for urgent consultations and/or when clinically appropriate

Physician Notification

- Patients will be seen on consultation by an Internal Medicine physician upon request by the surgeon.

- Surgeons will be contacted for surgical issues, including pain management.

- Surgeons will be kept informed regarding issues and interventions handled by the Hospitalist.

Patient Rights

- We are dedicated to meeting our patient's needs, keeping patients safe, and making our patient's stay with us as comfortable as possible.

- Information related to patient rights can be found in the Patient Rights Policy on the local intranet, in Inpatient and in the hospital lobby.

- Upon admission, all IP, SDC and CLI patients are given a copy of their rights by the admitting department.
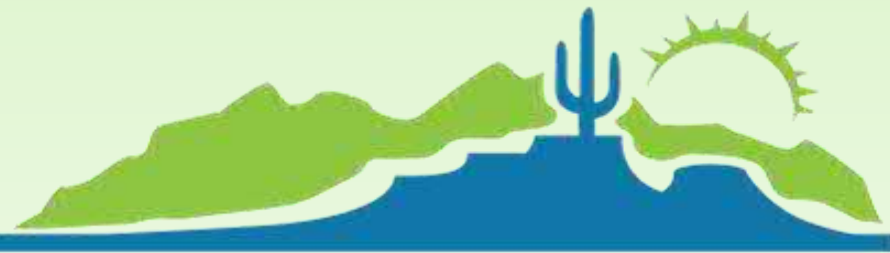
Patient Rights

- Wear ID badge

- Protect patient privacy

- Observe confidentiality

- Ensure a safe & secure environment

- Maintain the Code of Conduct

- Report any unethical behavior

Patient Privacy & Security

- Shield patients from public view by closing doors, pulling privacy curtains, and ensuring they are properly covered before transport.

- Knock on patient doors before entering.

- No unauthorized persons are allowed to see patient records.

- Do not discuss patients in public areas.

- Do not post patient names in areas where they would be visible to the public.

- Ask permission from the patient prior to discussing any health care issues in front of patient visitors.

HIPAA & PHI

- **The Health Insurance Portability and Accountability Act of 1996 (HIPAA)** requires health care providers to protect patient's health information. Patient information protected by HIPAA is called **Protected Health Information** or PHI.

- **HIPAA** requires that PHI be protected, regardless of its form – verbal/oral, electronic, paper.

- **What qualifies as PHI?**
  - Information created or received by a health care provider, health plan, or health care clearinghouse. PHI includes some of the following: patient name, address, social security number, telephone, email, health plan information, medical record, and health condition information.
  - Information which relates to payment for health care or the physical or mental health condition of an individual.
  - Any information which identifies an individual.

HIPAA & PHI

- Keep computer passwords private.

- Log off computers when not present.

- Position computer screens so they are not visible to others.

- Don't discuss patients in areas where you may be overheard.

- Use care when discussing PHI over the phone.

- Lock or secure areas where PHI is located.

- Don't leave PHI documents unattended in non secure areas.

- Discard PHI documents in bins designated as "Confidential."

- Denise Hackett (480-824-1225) & Elizabeth Kearney (480-308-7713)

Quality Services & Patient Safety

- **ASJH** has developed numerous protocols and clinical pathways to help reduce variation and ensure that core care processes are completed and documented.

- Physician/Specialty level data is collected and is available to physicians to help review practice patterns and improve patient care processes.
  - Contact Quality Management at **480-824-1262**

- **ASJH** utilizes NRC Picker Consultation to conduct patient satisfaction surveys. These surveys include questions regarding physician interaction with the patients and others.

- If you have any suggestions regarding improving the patient care process please contact the Chief Nursing Officer Denise Hackett.

Safety

- Report any safety concerns to Plant Operations:
  - Barry Graziano: (602) 722-3212

- Your role in an **EMERGENCY**: Care for your patients. **ASJH** nursing staff and others will direct actions necessary when an event occurs.

Emergency Management

- In the event of an emergency ASJH will activate their Incident Command Center. Staff licensed Independent practitioners will report to the Incident Command Center to receive a briefing on the emergency event and their roles during the event.

- In the event of an emergency, Medical Staff should be familiar with the Emergency Preparedness Plan.

- The telephone paging system will be used to call all codes:
  - Use the grey "function" key on the phone, then dial #610 and state the code and location three times.

- "All Clear" will be issued when the code has been appropriately responded to and is no longer a threat.

Risk Management
Emergency Guidelines for Event Management:

- Patient care is the top priority and should not be delayed. Continue to treat the patient with dignity and respect.
- Do **NOT** avoid contact with the patient or family. Be tactfully open and honest regarding the situation. Should the situation warrant, provide a *No Blame Apolog*y. Ex: "**I'm sorry that you had to experience…**"
- Document the incident in the occurrence reporting system, notify the department supervisor and create an incident report.
- Sequester any and all potential evidence.
- Identify all witnesses. All written and verbal communication about the event is limited to Risk Management and Chief Nursing Officer.
- Refer all billing questions to the Business Office or the Chief Finance Officer. **Do NOT** make promises regarding billing concerns or payment "write off."
- Consult with Risk Management regarding all post incident verbal and written communications.
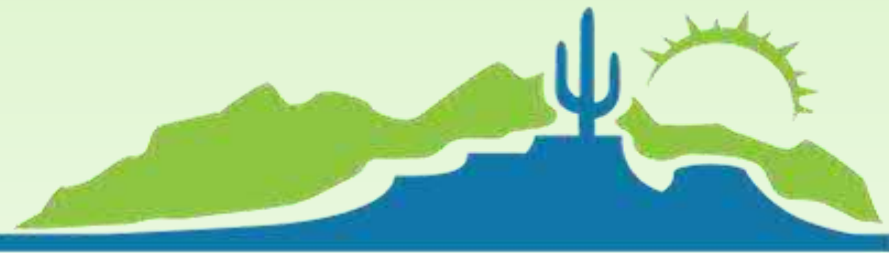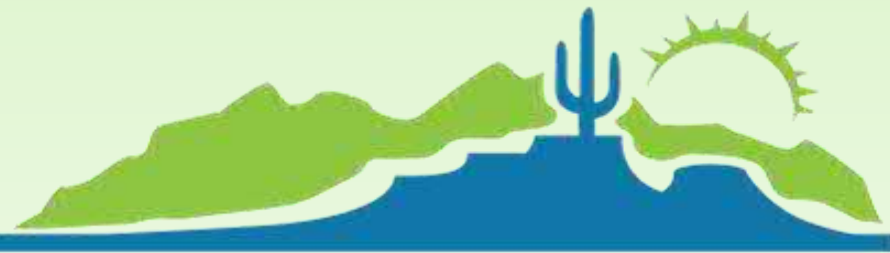
Emergency Codes

- **Code Blue** – Cardiac/Respiratory Arrest
- **Code Blue Broselow** – Pediatric C/R Arrest
- **Code Grey** – Security Threat, No Weapons
- **Code Orange** – Hazardous Material Spill
- **Code Pink** – Infant/Child Abduction
- **Code Pink Adult** – Adult Elopement
- **Code Red** – Fire
- **Code Silver** – Security Threat, With Weapons
- **Code Triage** – Incident Command Activated
- **Code Triage Standby** – Impending Disaster
- **Code Yellow** – Bomb Threat
- **Code Rapid Response** – Assistance Needed
- **Code Facility Lockdown-** Facility is locked down

Code Blue/Rapid Response

- Who responds (regardless of time of day):
  - Nearest available physician
  - One inpatient nurse and Charge RN from Pre-op/PACU
  - All available personnel

- Who responds (if available):
  - Other personnel not involved in providing patient care at the time

Code Blue/Rapid Response

- ACLS or PALS guidelines followed

- Document using the Code Blue Record (becomes part of the permanent medical record)

- Issues identified during code should be document on the Code Blue Evaluation Form and **NOT** documented in the medical record

- Mock Code Blue & review of crash cart contents is included in orientation/competency

Fire Safety

- The following emergency procedures will be implemented in the event of a fire:

  - **R.A.C.E for the extinguisher and P.A.S.S. on it!**

  - **R** = Rescue patients immediately from fire or smoke area.
  - **A** = Pull fire alarm station and call emergency number, give exact location.
  - **C** = Contain the smoke or fire by closing all doors to rooms and corridors.
  - **E** = Extinguish the fire (when safe to do so).

  - **P** = Pull the lock pin from its place.
  - **A** = Aim the nozzle at the base of the flames.
  - **S** = Squeeze the handles together.
  - **S** = Sweep from side to side at the base of the flames.

Fire Safety

- General Instructions For All Staff:

    – Keep telephone lines clear for fire control.

    – Make sure all fire, corridor room doors are closed.

    – Clear all corridors and exits of unnecessary traffic and obstructions.

    – All nursing personnel shall report to their areas and remain there for instructions.

Fire Safety Responsibility

- Response to Fires and Fire Drills is mandatory, unless you are currently with a patient. All staff members, non-licensed practitioners, and licensed practitioners must respond and participate in fire response and fire drills per Joint Commission.

Code Facility Lockdown

- Code Facility Lockdown: There is an external threat to our facility and everyone inside. Facility is locked down. Key fob access is suspended and all exterior doors are locked. NO ONE is allowed to exit or enter our facility during Facility Lockdown. No Exceptions.

Code Status

- Hospital specific code status form, "**DNR Form**", is used to identify the patient as a DNR or limit code response

- It is the policy of **ASJH** to rescind a patient's code status while they undergo an invasive/surgical procedure unless the patient, surgeon and anesthesiologist agree to honor the code status

Isolation

- **GREEN** = Contact Precautions

- **PURPLE** = Airborne Precautions

- **RED** = Droplet Precautions

Restraints

- **ASJH** strives to be a "restraint free" hospital.
  - Restraint use is restricted
  - Must be approved in advance except in emergencies.

- When restraints are used, written procedures must be followed and documented to ensure safe use, continuous assessment and earliest possible release.

- Devices used for procedural and surgical positioning and safety are not considered restraints.

- No form of disciplinary restraint, nor any form of seclusion, is used

Peer Review

- A patient care episode may be selected for peer review at any time. Examples include**:** re-admission within 30 days, unplanned admission to the ER, returns to Surgery, patient complaints, incidents reported through Risk Management.

- All potential peer review cases may go through one or more of the following processes.
  - Physician Review
  - Quality Monitoring Committee Review
  - MEC & Board Review

- For more detail on the Peer Review process at **ASJH**, please contact the Chief Nursing Officer, Denise Hackett at 480-824-1225.

Patient Complaints/Grievances

All patient complaints/grievances are forwarded to the Quality & Risk Manager and are addressed according to CMS guidelines

– Quality & Risk Manager: Denise Hackett (480-824-1225) & Elizabeth Kearney (480-308-7713)

Against Medical Advice (AMA)

- Patients should be discouraged from leaving AMA but cannot be stopped from leaving unless they are considered a possible risk to themselves or others.

- Any patient going AMA should be asked to sign the form "Leaving the Hospital Against Medical Advice" which is located in Meditech Stand Alone Forms as well as in Meditech.
  - If a patient refuses to sign the form, hospital staff should note "patient refused to sign" on form, then date, time & sign.

- Even if a patient leaves AMA they can be given a copy of their medical record (if appropriate medical records release signed).

- Contact Risk Management: Denise Hackett (480-824-1225) & Elizabeth Kearney (480-308-7713)

Informed Consent

- Before any medical treatment or surgical procedure is undertaken, consent to such treatment must be obtained from the patient or legally authorized representative to give consent on behalf of the patient.

- The purpose of the consent form is to supply verification that the patient or legally authorized representative was informed of and understood the treatment and risks associated with it to which he/she consented.

Informed Consent

- Signed consent is needed for ALL medical and surgical procedures except in a true emergency. A separate consent form is needed for patients who will receive opioid medications as part of their treatment.

- It is the surgeon's responsibility to obtain the patient's "informed consent" for a procedure. The anesthesia provider will usually obtain the consent for opioids.
    - "Informed consent," presumes the provider has explained in layman's language the nature of the procedure/treatment, the results anticipated, possible risks or side effects, discomfort expected, alternative methods of treatment, if any, including their attendant risks and benefits, and why the
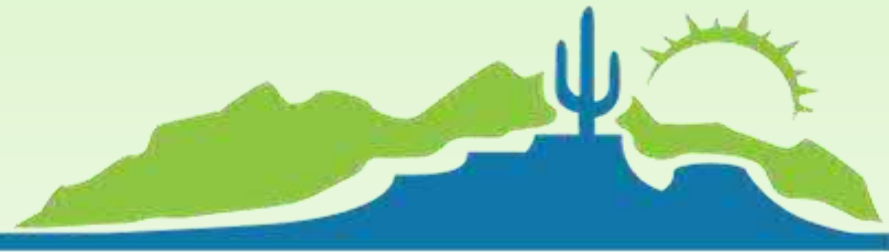   indicated procedure has been chosen.
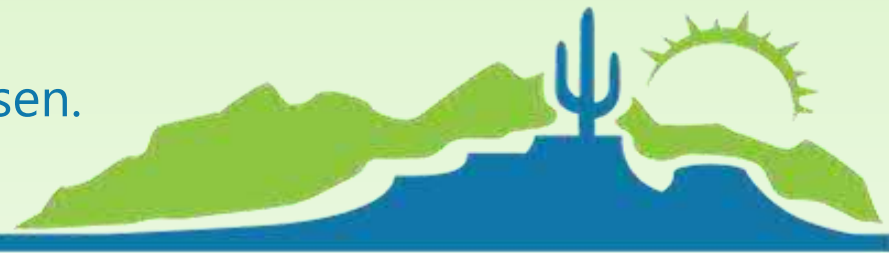
Case Management

- Expedite acute care transfers

- Facilitate discharges, arrange for durable medical equipment (DME), skilled nursing facility (SNF), or a higher level of care

- Complete utilization review and communicate with payer sources

- Provide for support for patient areas

- Network with international, national, state, county and local resources

- Collaborates closely with the Medical Staff as well as Business Office/Revenue Cycle personnel

- Works closely with Adult Protective Services, Child Protective Services and other regulatory agencies

- Provide resources to assist families with financial concerns

- Spiritual support/resources provided upon request

- Contact **Case Management** with questions at **(480) 824-1306.**

Inpatient Wound Care

- A complete skin assessment should be performed on all patients admitted.

- Per CMS guidelines, pressure ulcers which are present on admission must be documented by the Primary Care Physician or LIP.

- Documentation may occur in the admission note, the History & Physical (H&P) or in the Progress Notes.

  - Medical record documentation from any provider involved in the care and treatment of the patient may be used to support the determination of whether a condition was present on admission or not. The term "provider" means a physician or any qualified healthcare practitioner who is legally accountable for establishing the patient's diagnosis.

Medical Staff Orientation

- This concludes the electronic portion of the Medical Staff Orientation

- Thank you for your participation