

UNIVERSITY OF WASHINGTON
MEDICAL CENTER
UW Medicine

**Policies,
Procedures,
Phone Numbers,
and FAQs**



2009 PROVIDER HANDBOOK

University of Washington Medical Center

PLEASE NOTE:

This handbook provides a high level introduction to policies, procedures, and frequently asked questions relevant to providers who practice at UWMC. For full information on the topics discussed in this booklet, please refer to the policies, procedures, and bylaws available online through the Clinical Toolkit.

Feedback and suggestions about this handbook are welcome and encouraged.

Please direct your comments to:

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Introduction

University of Washington Medical Center is dedicated to providing excellent care, education, and research. We do that by working in teams with physicians, nurses, allied health professionals, and other medical and environmental service workers who do their best to create a collaborative, patient-centered care environment.

You are an essential part of our team; we put this handbook together to help you understand your role as part of our health care system. Our goal is to be the safest hospital with the most satisfied patients, staff and physicians. We need your help to accomplish this. Many of our patients choose our system because of you. They know they will receive the best care possible in a teaching hospital. You can help by being aware of and actively supporting the focus on quality, service, efficiency and compliance that make for the best outcomes

Welcome to the team!



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UWMC Mission and Values

UWMC Mission

- Care for patients
- Provide primary, secondary, and tertiary services
- Serve as a teaching and research resource
- Assure long-term stability in the delivery of healthcare

UWMC Values: **ARISE**

- **A**ccountability Taking responsibility for our actions and outcomes
- **R**espect Valuing one another
- **I**nnovation Using creative ways to reach our goals
- **S**ervice Meeting the needs of our patients and their families, physicians, colleagues, and the community
- **E**xcellence Doing our best!

UWMC Goals: **To Achieve a Hospital**

- Free of Infections
- Free of Injury
- Free of Medication Errors

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UWMC Quality Improvement Framework

PASCO is the acronym for the dimensions of quality that together form a balanced approach to our improvement efforts.

<u>Patient Safety</u>	Strengthen patient safety culture by becoming a medical center free of medication errors, free of injury, and free of infection
<u>Access</u>	Strategically expand access to and capacity of clinical services
<u>Service</u>	Strengthen service culture by exceeding needs & expectations of patients, families, community, referring providers, hospital and medical staff
<u>Cost, Compliance, Conservation</u>	Improve financial stability, regulatory compliance and stewardship of resources to assure achievement of our mission
<u>Outcomes</u>	Demonstrate the best possible clinical outcomes

Patient- & Family-Centered Care

- Treat patients and families with respect.
- Demonstrate tact, diplomacy, and compassion.
- Protect the patient's modesty and dignity.
- Introduce yourself and the care team to the patient and family.
- Ask what name the patient prefers to be called.
- Explain the roles and responsibilities of team members to the patient & family.
- Ask the patient who he/she wants included in discussions and decisions about the plan of care.
- Offer the patient and family a means to contact the care team.
- Explain diagnoses and care plan options in terms that the patient and family can understand.
- Actively involve the patient & designated family in deciding which care options to implement.
- In collaboration with the patient and family, identify and address the patient's psychosocial, cultural, religious and spiritual needs.

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Quick List Phone Numbers

Paging Operator.....	8-6190
Long Distance	dial 77, wait for 2 beeps, dial 1 + 10-digit #, wait for 2 beeps, dial your dept Watts number
Code Blue/Code 199.....	222
Rapid Response Team	222
Fire / Emergency.....	222
Police	911
UWMC Public Safety Office/Security	598-4082

Frequency Called Phone Numbers

Admitting	598-4311
Adverse Drug Reaction (ADR) Hot Line	598-6837
Anticoagulation	598-4874
Cardiac Cath Lab, Same Day	598-4077
Cardiac Cath Lab, Schedule Future	598-3400
Compliance Line	598-3995
CT Scheduling	598-6214
Documentation Specialist (RNDS).....	598-5942
Echo	598-7000
EEG-EMG	598-4211
EKG/ETT/Holter	598-2929
Employee Health.....	598-4848
EPS	598-4690 / 598-4077
Escort Services	598-4457

Human Resources	598-6116
Interpreter Services.....	598-4425
Infection Control/Epidemiology	598-4848
I.T. Services Help Desk	(206) 543-7012
IR Scheduling.....	p 994-3345 / 598-6209
Lab	598-6131
Long Term Care Services.....	598-4651
MD Coach, UWMC	598-3818
Medical Director, UWMC	598-6600
Nuclear Medicine	598-4240
Parking.....	598-5275
Patient & Family Education.....	598-7498
Patient Relations.....	598-9636
Patient Transport	598-7337
Pharmacy, Discharge.....	598-5441
Pharmacy, ICU.....	598-3288
Privacy Office	598-4342
Pulmonary, Diagnostic.....	598-4265
Radiology	598-6200
Respiratory Care Services.....	598-4444
Social Work.....	598-4370
Spiritual Care (pager).....	(206) 559-6764

Surgery Services Numbers

Main OR.....	598-4270
PACU	598-4216
Pavilion Short Stay.....	598-9811

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Patient Care Units

4 NE Neuro, NS, Oto, Gen Surg 598-4422
4 S Special Procedures 598-4670
4 SE	..... Transplant, Renal, Vasc/Gen Surg	..... 598-4400
5 E	..... Med/Surg, Transplant ICU	..... 598-4545
5 NE	..... Cardio, Surg. C, Telemetry	..... 598-4500
5 S	..... Postpartum/Newborns	..... 598-5600
5 SE	..... Cardiothoracic ICU	..... 598-6500
6 E/ 6 S	.... OB, Newborns, Antepartum, L&D	..... 598-4616
6 N	..... Neonatal ICU	..... 598-4606
6 NE	..... General Med, Family Med	..... 598-6800
6 SE	..... Ortho, Ophthalmology	..... 598-4410
7 N	..... Med-Psych	..... 598-4720
7 NE	..... HSCT Transplant	..... 598-7770
7 S	..... Clinical Research	..... 598-4730
7 SE	..... Heme/Onc, GYN/Onc, Uro	..... 598-4818
8 N	..... Rehabilitation	..... 598-4800
8 NE	..... HSCT Transplant	..... 598-8902
8 SE	..... Infusion Services	..... 598-4296
8 E	..... Occupational Therapy	..... 598-4830
8 E	..... Physical Therapy	..... 598-4830
8 E	..... Speech Therapy	..... 598-4830
Emergency Dept	.....	..... 598-4000

Abuse or Exploitation of a Patient

Who should I contact if I suspect that a patient has been abused or exploited?

Notify Social Work at (206) 598-4370.

- **All healthcare workers, including residents and fellows, are required by law to report cases of actual or suspected abuse, neglect, or exploitation of a patient.**
- Abuse includes physical abuse, sexual abuse, exploitation, neglect, and psychological and/or emotional abuse.
- UWMC has a policy and protocol that provides a standard for managing abuse and neglect cases, as well as resources to assist employees and families when a concern for abuse and/or neglect exists: *Abuse, Neglect and Exploitation of Vulnerable Adult and Child Patients: Identifying, Mandated Reporting, and Documenting*. See: <https://departments.medical.washington.edu/uwmcpcs/apop/apop.htm>.
- See also, the *Emergency Manual, Patient Security* tab, available on all patient care for instructions on how to report abuse and neglect.

Medication Errors & Adverse Drug Reactions

Who should I contact if there has been a medication error or an adverse drug reaction?

- **Medication errors:**
 - ✓ Report the error in Patient Safety Net (PSN).
 - ✓ The event will be reviewed by the manager and the Medication Safety Pharmacist.
- **Suspected adverse drug reactions (ADRs)**
 - ✓ Call the ADR Hotline (206) 598-6837, or
 - ✓ Report the event via PSN

Do pharmacists review medication orders before a nurse administers the first dose?

- Yes, pharmacists do review medication orders prior to administration of the first dose.
- The only exception is in an emergent situation when a delay in review would result in harm to the patient or where the prescriber controls the administration of the medications.

Needle Sticks, Sharps Injuries, & Other Occupational Exposures

Exposures are an urgent medical concern

If you have experienced a needle stick, sharps injury, or exposure to blood or other body fluid either by contact with mucous membranes or non-intact skin, immediately follow these steps:

- Discontinue any patient care activities that you are involved in. This includes injuries that occur in OR.
- Flood the exposed area with water and clean any wounds with soap and water or a skin disinfectant.
- Remove any clothing that may have become soiled and place them in a biohazard bag.
- **Seek immediate medical treatment at**
 - ✓ Employee Health (M-F 7:30 AM—4:30 PM), **or**
 - ✓ Emergency Dept. (after hours)

Prophylactic medications are most likely to be effective when given within the first few hours after an exposure.

- House staff should notify their Chief Resident and/or Program Director of the exposure.

**For further information,
contact UWMC Employee Health
(206) 598-4848**

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Patient Complaints & Grievances

If a patient or family member has a complaint or grievance:

- Listen to what the patient/family has to say.
- Correct the situation if you are able.
- If resolution is not achieved or if the patient/family is not satisfied, notify the unit manager of the issue. **House staff** should also inform their chief resident and/or program director.
- The patient/family may be directed to:
 - ✓ Patient Relations (598-8382) or
 - ✓ The Administrator-On-Call (contacted via the paging operator)
- If the issue still cannot be resolved, the patient/family may directly contact:
 - ✓ WA State Dept of Health: 1-800-633-6828
 - ✓ The Joint Commission: 1-800-994-6610
- Document the issue in PSN
 - ✓ PSN can be accessed from the desktop of any UWMC computer
 - ✓ To make a PSN report, click on the PSN icon and follow the prompts on the screen
 - ✓ PSN reports may be submitted anonymously

Patient Safety Concerns

UWMC expects all staff, including residents and fellows, to report actual safety-related events, potential safety-related events, and unsafe conditions.

- Events involving patients, staff or visitors should be reported via the UWMC online Patient Safety Net (PSN) within 24 hours of the event.
 - ✓ PSN can be accessed from the desktop of any UWMC computer.
 - ✓ To make a PSN report, click on the PSN icon and follow the prompts on the screen.
 - ✓ PSN reports may be submitted anonymously.
- **Residents and fellows** should also discuss patient safety events and concerns about the quality or safety of patient care provided at UWMC with their Program Directors.
- If you are concerned that improvement actions have not been implemented, contact the UWMC Patient Safety Officer, Human Resources, or administrator.
- Quality of care issues may be directly reported to:
 - ✓ WA State Dept of Health: 1-800-633-6828
 - ✓ The Joint Commission: 1-800-994-6610

Rapid Response Team (RRT)

Purpose: to reduce cardiac/respiratory arrests and avoidable ICU transfers by implementing a process for the identification and treatment of patients at high risk for these events.

Page RRT for any patient identified as high-risk for an impending respiratory or cardiac arrest.

- **Who should initiate an RRT page?**
Medical staff, house staff, respiratory therapists, or nurses may initiate the RRT page.
- **Reasons to call the RRT:**
Acute changes in patient's status such as:
 - ✓ Staff remain worried about a patient after discussing him/her with the MD
 - ✓ Heart rate <40 or >130
 - ✓ Change in systolic BP of ≥ 10 mm Hg to < 90 mm Hg **or** an acute drop in baseline systolic BP of more than 20%
 - ✓ Increase in systolic BP to > 190 **or** diastolic BP to > 110
 - ✓ Change in respiratory rate <8 or > 28/min
 - ✓ Oxygen saturation < 90% despite O₂
 - ✓ Change in state of consciousness
 - ✓ Substantial bleeding **or** acute drop in hematocrit of more than 6 points
 - ✓ New onset seizures
 - ✓ Change in urine output < 50 ml/4hours

How to Page the RRT

- **Dial 222 to request an RRT page.**
- Request should include the name of the responsible service*.
- A designated MD, RT & STAT RN will respond

Residents' Role in RRT Responses

- An urgent page will be placed to the patient's covering practitioner
 - ✓ **8 AM—8 PM: Pulmonary/ICU Fellow**
 - ✓ **8 PM—8 AM: ICU Hospitalist**
- If the designated house staff does not respond within 5 minutes, the patient's RN will place an urgent page to the senior resident.
- If the senior resident does not respond within 5 minutes, the patient's RN will page the responsible attending physician.
- If the STAT RN/RT and treating MD are unable to come to agreement about a safe treatment plan, the STAT RN/RT will contact the patient's attending physician.
- If necessary, the STAT RN/RT has the option of requesting an appropriate consult.

Sentinel Events

UWMC staff, including residents & fellows, are required to report sentinel events.

- A sentinel event is an unanticipated death or major, permanent loss of function not related to the natural course of a patient's illness or underlying condition, for example:
 - ✓ Surgery performed on wrong patient or body part
 - ✓ Unintended retention of a foreign object after a procedure / surgery
 - ✓ Serious disability or death associated with a medication error
 - ✓ Suicide of an inpatient
 - ✓ Infant abduction or discharge to the wrong family
 - ✓ Unanticipated death of full-term infant
 - ✓ Stage 3-4 pressure ulcer acquired after admission
 - ✓ Hemolytic transfusion reaction
 - ✓ Sexual assault or rape of a patient or staff person
 - ✓ Major facility system malfunction or fire affecting any patient care
- In response to a sentinel event, a special team will conduct an immediate event review & create a process improvement plan to reduce the likelihood of recurrence of a similar event in the future.
- The focus of an event review is on systems, processes, and root causes, not on individuals.

Spiritual Care

- Spiritual Care staff are available
 - ✓ Weekdays: 8:00 AM to 5:00 PM
 - ✓ Weekends: on call 8:00 AM to 5:00 PM
 - ✓ 24/7 for emergencies in all areas of UWMC
 - ✓ To contact Spiritual Care staff, page (206) 559-6764
- Spiritual Care responds to both emergency and non-emergency requests for care. They attend to patients at the request of patients, families, and loved ones or referrals from other providers.
- Spiritual Care services include crisis care with patients and loved ones, regular rounds in treatment areas, presence on interdisciplinary teams, and the offering of rituals and sacraments as requested. Requests can also be made for religious literature.
- Spiritual Care seeks to be available to all people in ways that are uniquely helpful to that person. Chaplains are trained to companion patients and families from a diversity of faith traditions as well as patients and families with no faith tradition.
- Every attempt is made to accommodate patients' religious or non-religious preferences. Spiritual Care acknowledges, respects, and supports those persons who identify themselves as non-religious
- Proselytizing and/or evangelizing is strictly prohibited at UWMC

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ACGME Duty Hours Standards

- **On Duty**
No more than **80 hours** per week *
 - **Off Duty**
One day in seven free of all educational and clinical responsibilities
 - **In-House Call**
No more than **every third night** *
 - **In-House Duty**
No more than **24 hours + 6 hours** for transfers, debriefing, didactic activities
 - **Time Off Between Shifts**
10 hours minimum
- * averaged over four weeks

ACGME Competencies

- Medical Knowledge
- Patient Care
- Practice-Based Learning and Improvement
- Systems-Based Practice
- Professionalism
- Interpersonal and Communication Skills

I.D. Badges

- To help insure patients' privacy and security, employee ID badges must be worn at all times upon entry and while in the Medical Center
- The badge should be worn above the waist with the photo visible to other persons.
- The use of name tags without a photo, in lieu of the photo ID, is not permitted

4-P Handoff Communication:

- When transferring the care of a patient from one practitioner to another, use the 4-P format to inform the receiving practitioner of the patient's status.
- The person receiving information must have an opportunity to review the information & ask questions

<i>Information</i>	<i>Suggested Content</i>
Patient	2 patient identifiers, plus clinical service, and providers
Problem	Patient's history, diagnosis, current condition, assessment, and any anticipated changes
Plan	Short term and long term goals. Where will the patient be going and when?
Precautions	Information such as medications, allergies, code status, oxygen therapy, isolation status, fall risk, powers of attorney, advance directive, interpreter services, etc.

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Patient Rights & Responsibilities

On admission, each patient is provided with the brochure, *Information About Your Healthcare*. Patients' rights and responsibilities and resources for their support and advocacy are documented there.

UWMC's Code of Ethical Behavior

UWMC has an ethical responsibility to the patients and community we serve. To support ethical and fair treatment of patients, the hospital must operate according to this code. The UWMC code of ethics includes policies related to:

- Admission, transfer, and discharge
- Integrity of clinical decision-making
- Billing and resolution of payment conflicts
- Access to protective services
- Marketing

These policies may be found in Administrative Policies and Operational Procedures (APOP) available online.

Patient Education

- Helping patients and families learn how to manage their health care problems and achieve health is one of the most important responsibilities of the health care team. Effective patient and family education involves every clinician partnering with patients and families as members of the interdisciplinary team.

Advance Directives

- Admitting staff and nurses must inquire whether inpatients 18 years or older have an advance directive.
- Information about advance directives should be provided via the brochure, *Information About Your Healthcare*.
- If help is needed to complete an advance directive, a referral to Social Work and Care Coordination should be made.
- Admitting staff document whether or not patients have an advance directive on the Advance Directive Flowsheet.
- Nursing staff document in the ORCA Advance Directive section of the Admission History.
- Non-ORCA units document on the Advance Directive flowsheet and place the flowsheet under the Healthcare Directives tab in the medical record.

Confidentiality/ Management of Patient Information

- Close the door to patients' rooms and pull the curtains to protect their privacy and modesty.
- Do not discuss patients in public spaces or in front of other staff who may not need to know the information.
- Store medical records in a secure location.
- All medical records must remain at the medical center.
- Make sure that patient information (e.g., reports, lists) is not visible to other patients or visitors.
- When leaving a conference room, remove all materials that contain patient names or clinical information.
- Discarded paper documents that contain Patient Health Information (PHI) in locked recycle bins.
- Plastics with PHI should be shredded or discarded with biohazard waste.

- **Lock or log off your computer** when you are away from your desk or workstation
- Maintain the confidentiality and security of login IDs and passwords:
 - ✓ Never share your login ID or password
 - ✓ Memorize passwords-do not write them down
 - ✓ UWMC requires complex passwords

**Concerns about a breach
of confidentiality or privacy
should be reported through PSN or
directed to the UWMC Privacy Office
(206) 598-4342**

**Information security incidents
should be reported to
the UW I.T. Services Helpdesk
(206) 543-7012**

Consents: Informed Consent

- Washington law states that patients or their legal representatives will be involved in decision-making about their treatment.
- Obtaining informed consent is the responsibility of the licensed independent practitioner (physician or ARNP).
- **Effective July 23, 2007**, Washington state law was revised to include a registered domestic partner as a patient's legally authorized representative. For purposes of informed consent, domestic partners have the same "priority" level as a spouse. In Washington the priority for surrogate consent is: *
 1. Agents identified by an advance health care directive
 2. Conservator or guardian with authority to make health care decisions
 3. Spouse **or** declared domestic partner (as defined by Washington law)
 4. Adult son or daughter
 5. Custodial parent
 6. Adult brother or sister
 7. Adult grandchild
 8. An available adult relative with the closest degree of kinship to the person

*** The above is a guideline only. In situations where right to consent is in question, seek legal advice.**

- UWMC policy requires a signed consent form for certain types of treatment including, but not limited to, surgical and invasive procedures with significant increased risk.
- The UWMC procedural consent form includes the consent for the surgery/procedure, anesthesia and blood administration.
- In general, a signed consent is valid for 30 days; however, this does vary. See the Consent Manual for more specific details.

Consent for Photography

- Patients, their family members or their friends may take pictures of themselves while at UWMC provided it is NOT during an care intervention.
- Photography of staff is not allowed without permission from the unit manager & consent from each staff member prior to being photographed.
- Commercial photography, documentaries or other photography for art, resale or commercial distribution is not permitted without
 - ✓ Permission from News & Community Relations,
 - ✓ Permission from the unit manager, and
 - ✓ Signed consents/releases from each person prior to being photographed

**For further information,
refer to the Consent Manual
on the Patient Care Services website**

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Organ Donation

**** See APOP 5-30: Organ and Tissue Donation ****

UWMC staff CANNOT approach families regarding organ and tissue donation. The Donation Coordinator will contact the family if the patient meets the criteria.

- All deaths and imminent deaths are reported to the Donor Referral Line. Nursing staff notify Admitting of non-ventilated patients when death is expected or when a patient has died. Admitting then notifies the Donor Referral Line. A Donation Coordinator will call the nurse back if the patient meets initial suitability criteria.
- *For ventilated patients, calls must be placed prior to withdrawal of life support to preserve the option of organ donation.*

Pain Management

**** See APOP 85-18: Pain Management ****

- **Mission/Institutional Priority**

The reduction of pain and suffering is integral to UWMC's mission of providing the highest achievable quality of service to our patients.

- **The Goal of Pain Management**

All patients will receive the best level of pain control that can be safely provided and that maintains the patient's level of function.

- **Effective treatment of pain is contingent upon appropriate pain assessment:**

The patient's own report of pain is the gold standard. Pain is an extremely subjective experience and as such, the patient is the best judge of the intensity and relief of pain.

- **Patients and families should be actively involved in the assessment of pain and in treatment decisions.**

- **It is essential that patients have information about pain assessment and management** in order to dispel common misconceptions related to pain and to help patients communicate their pain effectively.

Written information (e.g., *Pain Management: A Guide for Patients*) is given to hospitalized patients upon admission and to patients in ambulatory settings who are identified as having pain.

Restraints and Seclusion

**** See APOP 85-3: Restraint Application ****

- **Restraint and seclusion are used only after less restrictive alternatives have been determined to be ineffective or insufficient.**
- **Use of restraints requires documented justification and a time-limited order.**
- During the provision of acute medical/surgical care, use restraints only to prevent the patient from harming himself/herself by disrupting life saving treatment or by medically prohibited ambulation.
- In behavioral emergencies, use only if there is imminent risk of a patient physically harming himself/herself, staff or others.

Restraints for Medical Safety

- The order for implementation must be obtained within 12 hours of the initiation of the restraint.
- A written order, based on an examination of the patient by a MD/ARNP/PA, must be entered into the patient's medical record within 24 hours of the initiation of the restraint.

Patients at risk for dislodgment of invasive lines, devices and life support systems

- Daily renewal of the order by a MD/ARNP/PA is **not** required for patients who continue to meet the criteria for the use of the protocol.

Patients at risk for serious injury if they fell or wandered away from away from their care area

- If restraint use continues to be clinically justified: continued use of restraints beyond the first 24 hours must be authorized by the MD/ARNP/PA renewing the original order or issuing a new order.
- The order must be based on in-person examination of the patient.
- A renewal must be issued no less often than once every calendar day.

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History & Physicals

▪ Admissions for Elective Procedures

- ✓ H&P must be documented within 30 days of a scheduled procedure
- ✓ If an H&P for a scheduled procedure is 8-30 days old, an interim update must be performed; the update should reference the initial H&P & document any changes to the initial H&P.

▪ All Other Admissions

- ✓ H&P must be documented within 24 hours of admission.

Operative & Procedure Notes

- Must be dictated or entered into the patient's record immediately after the procedure .
- If the operative report is dictated, a brief operative note should be entered into the patient's record by a practitioner on the surgical team immediately after the surgery.

Discharge Summaries

- Must be dictated within 48 hours and, ideally, at the time of discharge.
- Must be completed and available in ORCA prior to a patient's discharge to and SNF or Rehab facility.

Discharge Orders

- **Discharge orders should be written by 9 AM** of the day of discharge OR the night before.
- **Discharge time is 11 AM**
- A patient will be discharged after
 - ✓ “Discharge to (location)” is written in the patient’s orders, AND
 - ✓ The Discharge Order form has been completed, AND
 - ✓ The Discharge Prescription form has been completed, AND
 - ✓ The Discharge Order form and Discharge Prescription form have been placed in the order book
- If you anticipate that a patient will be discharged the next day, note in the patient’s orders: “anticipate discharge tomorrow.” This will facilitate a smooth process for the patient and will allow Pharmacy to begin processing the discharge meds.

Patient /Admission Status

A “patient status” must be designated every time a patient is admitted to a hospital bed.

What is “Patient Status”?

- A Medicare designation that indicates whether a patient is an INPATIENT, OUTPATIENT, or OBSERVATION.

Why does this matter?

- Medicare and other payers require that providers assign an accurate “status” to each admission.

Key points:

- “Patient status” is *not* the same thing as the patient’s location in the hospital.
 - e.g., A patient located on 4S but may be designated as an inpatient because of his/her severity of illness.
 - e.g., Because of his/her level of care/severity of illness, a patient admitted to 5NE for atypical chest pain may be designated as an “Observation.”
- A patient who has received an outpatient procedure and stays overnight as part of a normal postop recovery plan may still be considered an “Outpatient.”

What do I need to do?

- Complete the Bed Request for Admission form and check the appropriate status if admission status is not already on your order set.

How do I tell whether a patient's status is Inpatient, Outpatient, or Observation?

- **Inpatient Status:**
 - ✓ Increased severity of illness
 - ✓ Expect hospitalization greater than 24 hours
 - ✓ Certain procedures considered inpatient
- **Outpatient Status:**
 - ✓ Recovering in a hospital bed after an uncomplicated outpatient procedure
 - ✓ Generally discharged the same day or the next morning
- **Observation Status:**
 - ✓ Diagnosis, treatment, stabilization and discharge are expected within 6-24 hours.
 - ✓ Admitting for symptoms or signs, with lower illness severity or intensity of treatment
 - ✓ Unsure whether the patient will need further hospitalization
 - ✓ Expect the patient to improve within 24 hrs
 - ✓ Unexpected complications after an *outpatient* procedure that require additional monitoring or treatment, but still expect improvement within 24 hrs (or are unsure)
 - ✓ Observation maximum is 48 hours, but reassessment at 24 hours is recommend.

Unsure what to do?

- Contact your CRM (Clinical Resource Management) case manager.
- If you don't know how to contact your CRM, call Suzanne Billedeaux @ 598-6624

Present on Admission Diagnoses

The diagnoses listed below are considered by CMS to be potentially avoidable complications of care.

If these conditions are documented as Present on Admission (POA), the case will be assigned to a higher severity DRG. The outcome of care prediction, anticipated resource needs, and reimbursement for the case will be adjusted accordingly. Hospital- and physician-level profiles of actual vs. expected outcomes and costs of care will reflect those adjustments:

- Decubitus ulcer
- Catheter-associated UT
- Vascular catheter-associated infection
- Surgical site infection: mediastinitis after CABG
- Hospital-acquired injuries (e.g., fracture, burn)
- Serious preventable events
 - ✓ Object left in surgery
 - ✓ Air embolism
 - ✓ Blood incompatibility

If these diagnoses are not flagged as POA, it is assumed that they developed after the patient was admitted (i.e., they are complications of care that occurred during the current hospitalization). The diagnoses will not trigger a higher severity DRG or a higher reimbursement rate.

Documenting POA Diagnoses

- When documenting an H&P/Admission Note and Discharge Summary, note all acute and chronic conditions that are POA.
- “Present on Admission” is defined as present at the time the order for inpatient admission occurred. **Conditions that develop during outpatient encounters, including the Emergency Dept., Observation, and Outpatient Surgery are considered POA.**
- Diagnoses confirmed after admission are considered POA if, at the time of admission, they are documented as Suspected, Possible, Probable, Presumptive, R/O, or Differential Diagnoses, or if they constitute an underlying cause of a POA symptom.
- Issues related to inconsistent, missing, conflicting, or unclear documentation must be resolved by the physician.
- UWMC provides RN Documentation Specialists (RNDS) as a resource to providers. If you have questions about documenting POA diagnoses, contact :

Holly Flynn, Manager,
UWMC Clinical Documentation Program
206-598-5942 / hollyf1@u.washington.edu

Orders: Handwritten

- Orders must be **legible, signed, dated, & timed**. Illegible orders will not be carried out until they have been clarified and/or rewritten by you.
- Exercise careful attention to detail when completing pre-printed forms.
- Avoid Do Not Use abbreviations (see page 25).
- Orders written by medical students must be co-signed by a physician/resident, nurse practitioner, or PA before they can be acted upon.
- Keep orders in chronological order with the most recent on top
- Patient care processes and implementation of orders proceed more smoothly if practitioners observe these protocols and courtesies:
 - ✓ Take the order book with you on rounds; return it to the PSS desk.
 - ✓ Write new orders as soon as possible.
 - ✓ Write complete, legible orders.
 - ✓ Consolidate the orders.
 - ✓ Notify patient's nurse (or the charge nurse) if there are STAT or NOW orders.
 - ✓ Check in with nursing staff prior to leaving for a period of time (e.g., going to the clinic or the OR) and when you are leaving for the night.

Editing Handwritten Documentation

If handwritten orders/documentation must be edited:

- Never scribble out or overwrite any part of a medical record entry.
- Cross out the erroneous entry with a single line; the text beneath the line should be readable.
- Document a brief explanation for the change and initial it.
- Write the corrected order/text on a new line.
- Sign, date, and time as usual.

Example of correct format:

1) VS q8H
 2) ~~Medication 2mg po BID -cancel-DH~~
 3) New medication 3mg IV TID
 4) Regular diet
D. Harper (D. Harper) 598-9999

- A change to a single word may be just initialed

Example of correct format:

1) VS q8H DH
 2) Medication 4mg ~~IV~~ po BID
 3) Regular diet
D. Harper (D. Harper) 598-9999


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Handwritten Orders: Signatures

To ensure that staff responsible for carrying out orders can reach the person responsible for creating them, providers' signatures should include:

- A legible (usually printed) name and
- A pager number

Example of correct format:

 (J.R. Smith) 598-9999

- Use of a signature stamp is acceptable

Do Not Use Abbreviations

UWMC policy prohibits the use of these abbreviations in orders and medical record documentation:

- **U or IU**
Write the word “units”
- **QD or QOD**
Write “daily” or “every other day”
- **MS, MSO4, MgSO4**
Write “morphine” or “magnesium”
- **Epi**
Write “epidural” or “epinephrine”
- **MTX (for Methotrexate)**
Always spell out medication names
- **mg (for microgram)**
Write “mcg”
- **Trailing zero (X.0 mg)**
Never use a trailing zero after a decimal point
- **Lack of a leading zero (.X mg)**
Always use a leading zero before a decimal point (e.g., 0.X mg)
- **Use of the symbol “o” as a substitute for the word “hour” is not recommended.**
The symbol “o” can be mistaken for a “0”, a decimal point, a “%” symbol, the word “degrees,” the phrase “secondary to,” or a random pen mark. Write the word “hour” or use the abbreviation “H”

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Orders: Verbal

The following orders will NOT be accepted as a verbal order:

- Give a medication except in an emergency or unusual circumstance (see below).
- Discharge a patient.
- Transfer a patient outside of the Medical Center.
- Order Schedule II controlled substances for an outpatient.
- Initiate chemotherapy agents.
- Initiate investigational agents.
- Discontinue life support

Verbal Orders for Medications

- Verbal orders for medications should be issued only in emergency or unusual circumstances.
- Verbal orders for medication can be accepted only by a
 - ✓ Licensed nurse,
 - ✓ Pharmacist, or
 - ✓ Physician.

Verbal Orders for Medications, con't

- The person receiving a verbal order must immediately:
 - ✓ Record the order in the medical record.
 - ✓ Read back the verbal order, including the name & medical record # or birth date of the patient, to the ordering practitioner.
 - ✓ Sign the order.
- Telephone orders for medications are considered an unusual circumstance since the ordering practitioner is not physically present.
- Telephone orders for medications follow the same process as verbal orders for medications.
- Verbal orders for medications given during a procedure due to an inability to physically write the orders (i.e., gloved hands) are considered an unusual circumstance. Follow the same guidelines as a verbal order for medications.

Ordering Patient's Own Medications

**** See APOP 110-18: Patient's Own Medications ****

- Prescribed medications administered by UWMC personnel in UWMC inpatient locations should be obtained from and dispensed by UWMC Pharmacy Services. . .The only other exception to this policy applies to patients who are admitted to UWMC as inpatients and whose medication is not normally available in UWMC Pharmacy Services.
- If it is necessary for a patient to continue a medication that is not available from the UWMC pharmacy, the patient's own supply may be used provided:
 - ✓ The physician writes a standard medication order (including medication name, strength and dose) that states, "Patient may take own medication". The patient's medications are then sent to pharmacy.
 - ✓ The pharmacy will attempt to identify the contents by using IDENTIDEX® and the Drug Images Database in Micromedex®.
 - ✓ If the medication can be identified as the medication that has been ordered and the medication vial is properly labeled with contents, a strip label will be affixed to the vial stating "Verified by Pharmacy".
- If these conditions cannot be met, an alternative solution must be implemented. Refer to the APOP for further details.

Ordering Medications & IV Fluids

- Avoid Do Not Use abbreviations.
- Each medication order must include:
 - ✓ Drug name and drug dose
 - ✓ Route of administration
 - ✓ Frequency of administration
- IV fluid orders must include the solution & additives and the rate at which it is to be infused, e.g.
D5 1/2NS + 20 mEq KCl/L @ 50 cc per hour
- **Double-range orders are prohibited** by the Joint Commission and UWMC policy, for example:
Demerol 25-50 mg IV q4-6 hours PRN pain
- Single-range orders are acceptable, e.g.:
Demerol 25 mg IV q4-6 hours PRN for pain
- PRN medications with more than one indication for use must include instructions for use, e.g.,
Benadryl 25 mg po HS PRN for insomnia
- Duplicate therapy PRN orders (e.g., two different pain meds) must include guidance for use, e.g.:
Hydrocodone 2.5/500 tab 1 po q6h PRN for postop pain
Morphine 2mg IV q2h PRN for breakthrough pain

Procedures with Sedation

UWMC policy describes the safe use of sedation with or without analgesia. This policy applies to all departments providing sedation.

- A documented pre-sedation evaluation is required for every patient undergoing sedation and includes:
 - ✓ History of prior sedation or anesthesia use
 - ✓ Physical exam with evaluation of airway
 - ✓ Assessment that the patient is suitable for the planned sedation.
 - ✓ Informed consent
- Qualified licensed independent practitioners/ resident physicians without special privileges for sedation procedures may complete the pre-procedure history and physical exam.
- All patients receiving sedation for a procedure must have:
 - ✓ IV access established and maintained
 - ✓ Supplemental oxygen
 - ✓ Monitoring of heart rate, respiratory rate, blood pressure, oxygen saturation and level of consciousness.
 - ✓ Documentation on the *Procedure Record/ Sedation for Procedures* form.
- Following the procedure, all patients must be assessed for discharge & meet discharge criteria.

Ordering Physical Therapy

These services can be ordered from UWMC PT:

- Gait and stair training
- Transfers and bed mobility
- Upper and lower extremity strengthening and range of motion exercises
- Safety evaluation for discharge to home
 - ✓ Equipment needs
 - ✓ Family training
- Balance and vestibular evaluation and training
- Lymphedema management
- Wound care / irrigation / whirlpool
- Musculoskeletal evaluation and treatment
- Postural evaluation and treatment

**To contact
UWMC Physical Therapy
Call 206-598-4830**

Use Preprinted Form to Order PT

Ordering Occupational Therapy

- OT specializes in the evaluation and treatment of diagnoses that limit functional independence. They perform evaluations of:
 - ✓ Range of motion
 - ✓ Strength
 - ✓ Sensation
 - ✓ Coordination
 - ✓ Skin and/or wound condition
 - ✓ Pain
 - ✓ Swelling
 - ✓ Functional postures and body
- **O.T. treatment programs may include:**
 - ✓ Range of motion exercises
 - ✓ Strengthening exercises
 - ✓ Exercises, massage and or use of modalities to decrease pain and swelling
 - ✓ Splinting to support your injury
 - ✓ Wound and skin care
 - ✓ Workstation assessment/ job site evaluations
 - ✓ Functional ergonomics

**To contact UWMC Occupational Therapy
Call 206-598-4830**

Use Preprinted Form to Order OT

Ordering Speech Therapy

Speech Pathology Services provides assessment and diagnosis of problems related to:

- Screening to identify and intervene in communications problems
- Articulation/Phonology (speech sounds)
- Language (understanding & expression)
- Voice
- Fluency (Stuttering)
- Cognition
- Aphasia, apraxia, and/or dysarthria
- Language-based literacy
- Augmentative and alternative communication
- Oral-motor/ Motor-speech

**To contact
UWMC Speech Pathology Services
Call 206-598-4830**

**Use Preprinted Form to
Order Speech Therapy**

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Ordering Diagnostic Tests

- The ordering provider must document the clinical information necessary for interpretation of the study or compliance with regulatory requirements.

Ordering TPN

- Use the preprinted form
- TPN orders should be submitted by 15:00 (3 PM)

Ordering Transfusions

- Use preprinted form

Ordering Consultations

- Document a request for a consult in ORCA; use the “Consultation Statement” template.
- Inpatient consults between services must be communicated between the physicians/house staff of the services involved.

Medication Reconciliation: Admission

Medication Reconciliation must be documented on admission for all inpatients, including patients admitted from ER and transfers to UWMC from other facilities/hospitals.

- Print Home Medications: Orders & Reconciliation for Admission form (HMOF)
- Review the patient's allergies on the first page; update if indicated
- Draw a line through medications the patient is no longer taking.
- Write corrections to dose or sig in the "Corrections" column
- Add home medications not listed on the blank lines provided.
- Circle "Order" to continue a home medication as an inpatient order.
- Order new inpatient medications on the "Admission Orders: New Medications" section.
- Sign, date and time ALL pages of the HMOF
- Attach the HMOF to the admit orders for processing.

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Medication Reconciliation: Transfers

Medication Reconciliation must be documented for all intra-facility transfers (e.g., transfer from ICU to 6 NE).

- Print Transfer Orders & Medication Reconciliation (includes both Active Inpatient Orders and Home Medications list).
- Circle "ORDER" for medications the patient is to receive upon transfer.
- Indicate changes to medication orders in the "Changes" column.
- TPN, insulin, heparin, epidurals, PCA and albumin require pre-printed forms.
- Additional orders may be written on the available lines.
- Sign, date and time ALL pages of the Transfer form.
- Attach the Transfer form to the patient's other transfer orders.

Medication Reconciliation: Discharge

An Orders & Reconciliation for Discharge form must be documented for all patients discharged from UWMC, including those transferred to another hospital or care facility.

- Print Orders & Reconciliation for Discharge form
- Document Allergy/Intolerance information
- Review both the **Pre-Admission Home Medications** (in **BOLD**) and *Inpatient Medications* (in *Italics*). Watch for duplicates!
- Draw a line through medications to be discontinued at discharge.
- Write the NUMBER to dispense for all medications to be continued, including PRN meds (use "zero" if a supply is not needed or if the patient is going to an SNF).
- To prevent forgery, indicate the number of prescriptions written in the box in the lower right corner on each page.
- Place completed Orders & Reconciliation for Discharge form in the patient's order book.

Infection Control

Hand hygiene is the single most important component in infection control

Wash your hands with soap & water for 15-20 seconds or use a 15-second alcohol-based hand gel each time you enter & leave a patient's room and between each contact with a patient or their immediate environment:

- Prior to touching a patient's intact skin or surfaces
- Before putting on and after taking off gloves
- Before putting on and after taking off other personal protective equipment (PPE)
- Before moving from a contaminated "dirty" body site to a clean body site during patient care
- After contact with bodily substances or articles/ surfaces in the immediate area of the patient
- Before and after performing patient care procedures (e.g., catheter insertion, wound care)
- Before preparing medication or food

If you have doubts whether any staff person (including attending physicians and chief residents) or visitor has cleansed his/her hands, ask them directly. There are only two acceptable answers to the question:

- "Yes, I have just completed hand hygiene." or
- "Thank you for reminding me

- **Hand washing with soap & water is required:**

- ✓ When hands are visibly soiled
- ✓ When caring for *c. difficile* patients
- ✓ Before eating
- ✓ After using the restroom

How to Wash Your Hands

- Wet hands with water
- Apply soap
- Rub hands together vigorously for at least 20 seconds, covering all surfaces of hands and fingers
- Rinse with water and dry thoroughly
- Use a towel to turn off the faucet

How to Use Waterless Hand Sanitizers

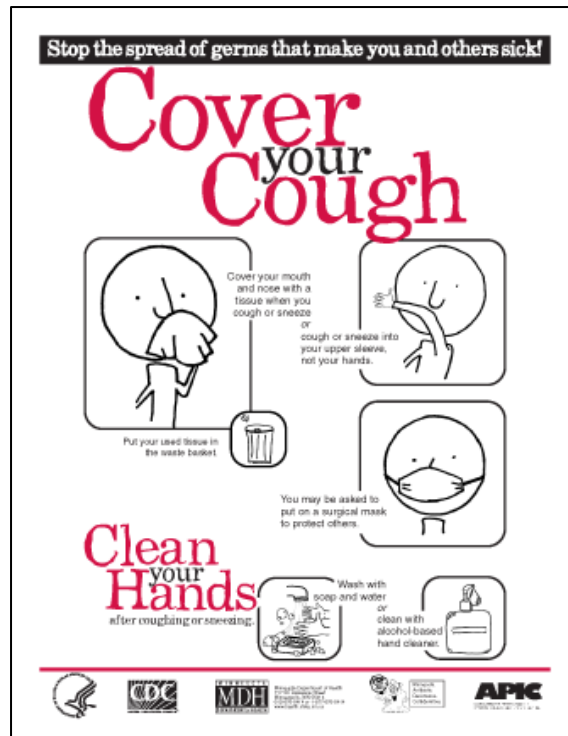
- Apply gel to hands & fingers covering completely
- Rub hands together until product is dry
- Use enough product to keep hands wet for at least 15-20 seconds.

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Respiratory Hygiene/Cough Etiquette

Respiratory hygiene/ cough etiquette are essential components of an Infection Control program. When you cough or sneeze:

- ✓ Cover your mouth and nose with a tissue, or
- ✓ Cough or sneeze into your upper sleeve, not your hands
- ✓ Wash or gel your hands after you cough or sneeze.
- ✓ In some areas, you may be asked to wear a mask to protect others



Correct Sequence for Putting on Personal Protective Equipment (PPE)

Most Frequently Used

1. Cleanse hands!
2. Gown
3. Mask
4. Gloves

All PPE

1. Cleanse hands!
2. Hair cover / cap
3. Gown
4. Mask / respirator
5. Eye protection
6. Gloves

Correct Sequence for Removing PPE

Most Frequently Used

1. Gloves
2. Gown
3. Mask
4. Cleanse hands!

All PPE

1. Gloves
2. Eye protection
3. Gown
4. Mask / respirator
5. Hair cover / cap
6. Cleanse hands!

Reminders about PPE

- Draping a gown over your shoulders does not adequately protect your clothing from contamination. **Tie the gown at the neck & waist.**
- Eye glasses are not a substitute for goggles or an eye shield.
- Personal electronic equipment (e.g., PDA, pager) is a common vector for transmission of infectious organism. Do not handle such items after you have cleansed your hands or after you have donned PPE.

Standard Precautions

- The basic precaution system at UWMC
- Requires all healthcare providers to protect themselves and patients through the use of personal protective equipment whenever contact with secretions or excretions of any patient is anticipated during the course of care.
- Personal Protective Equipment (PPE) you may need to maintain Standard Precautions includes:
 - ✓ Eye Protection (goggles, face shield)
 - ✓ Hair Cover / Cap
 - ✓ Gloves
 - ✓ Gown
 - ✓ Mask
- **NOTE:** Eye glasses do not provide adequate protection from droplets or splashing.
- Hand hygiene and respiratory hygiene/ cough etiquette are essential components of Standard Precautions.

Syndromic Precautions

To minimize the potential for transmission of *Clostridium difficile* and other infectious gastroenteritis, the following infection control measures should be promptly implemented for all patients with suspected or confirmed infectious gastroenteritis.

- Implement for all patients with suspected or confirmed *Clostridium difficile* or Norovirus
- **Wash your hands with soap and water** rather than using an alcohol-based hand gel. Hand gel hygiene products are less effective against the spores of *C. difficile*.
- **Use strict Contact Precautions.**
 - ✓ **Gloves and gowns are required** when entering the room
 - ✓ **Wear a mask & eye protection** if you anticipate being splashed with bodily fluids
- Hand gel may be used in an emergency situation or when hand washing is not feasible.
- If the patient leaves the room
 - ✓ He/she must wash their hands with soap and water prior to leaving the room
 - ✓ He/she must wear a gown and gloves.

Contact Precautions¹

The most frequent routes of transmission of health care acquired infections are direct & indirect contact transmission:

- **Direct contact transmission**
Surface-to-body transfer of microorganisms between an infected or colonized person and a susceptible host.
- **Indirect contact transmission**
Inanimate objects serve as vectors of transmission between the infected person and the susceptible host
- **Conditions that require Contact Precautions:**
 - ✓ Any patient with uncontrolled body fluids
 - ✓ Patients with multidrug resistant organisms (e.g., MRSA, VRE, VISA, VRSA)
 - ✓ Anthrax
 - ✓ Avian influenza
 - ✓ Bubonic plague
 - ✓ Chickenpox
 - ✓ *Clostridium difficile*
 - ✓ Localized Herpes zoster (shingles) in an immune competent host
 - ✓ Monkeypox
 - ✓ Norovirus
 - ✓ SARS
 - ✓ Vaccinia

¹ **Note** some diseases require both contact precautions and airborne precautions.

Contract Precautions: Procedures

- Wear **gloves** when entering the room.
- **Gowns** are required if you anticipate direct contact with the patient or the patient's immediate environment.
- Use **dedicated equipment**, e.g., stethoscopes, disposable blood pressure cuffs, etc.
- If multiuse patient care equipment must be used, disinfect the equipment between each patient with SaniCloths, Cavicide, alcohol, or bleach wipe consistent with the product label directions.
- If the patient leaves his/her room:
 - ✓ He/she should wear gloves and a gown
 - ✓ If the patient is infected or colonized in the respiratory tract, he/she should also wear a mask.

Common Vectors for Indirect Contact Transmission



Airborne Precautions

- Place patient in a negatively pressured airborne infection isolation room.
- If an airborne isolation room is not available:
 - ✓ Place the patient in a room at the farthest distance from other patient rooms, preferably one that is at the end of the ventilation circuit,
 - ✓ Place a portable HEPA filter in the room.
- When entering the patient's room or otherwise triaging/caring for the patient, wear
 - ✓ A respirator (e.g. a PAPR) or a fit tested N95 or N100 respirator **or** a surgical mask- depending on the diagnosis,
 - ✓ Gown, gloves, and eye protection

Diseases that Require Airborne Precautions

- Avian Influenza
- Chickpox
- Herpes zoster, disseminated or localized, in an immunocompromised patient
- Measles (rubeola)
- Monkeypox
- Pulmonary tuberculosis
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Viral hemorrhagic diseases

After the Patient Has Been Discharged from the Room:

The room should remain vacant for the appropriate time according to the number of air changes per hour (usually one hour) to allow for a full exchange of air.

If the patient leaves the room:

- The patient should wear a mask (preferably an N95)
- Inform the receiving department of the precautions prior to transport.
- Contact Transport Services as 598-3524 for assistance.
- Do not leave the patient in hallways; immediately place him/her in the treatment or procedure room.
- The PAPR cart should accompany the patient during transport, or the receiving department should receive sufficient notice to acquire the necessary equipment for caring for a patient in airborne precautions.

Droplet Precautions

- Droplets containing microorganisms are propelled via coughing, sneezing, or talking or by procedures that generate secretions (e.g., bronchoscopy, suctioning) and are deposited on the susceptible host's eyes, nose, or mouth.
- These droplets are relatively large and do not remain suspended in the air; therefore, negative pressure rooms are not necessary.
- **If the patient leaves the room, he/she should:**
 - ✓ Perform hand hygiene before leaving the room
 - ✓ Wear a mask

- **Diseases that require Droplet Precautions:**

Respiratory symptoms (fever & cough)

Viral resp. diseases	Parvovirus b19
* Adenovirus	Pertussis
* Influenza	Pneumonia
* Parainfluenza	Pneumonic plague
* RSV disease	Rabies
Diphtheria	Rubella
Measles (rubella)	Scarlet fever
Meningococcal meningitis	Streptococcal pharyngitis
Mumps	

Droplet Precautions: Procedures

- Place the patient in a **private room**, if feasible
- Wear a **mask** when entering the patient's room or if working within 3 feet of the patient.
- Wear **gloves** when entering the patient's room and for all contact with the patient or potentially contaminated environmental surfaces
- Wear a **gown** for all patient contact and in all situations where your clothing may come into contact with potentially contaminated environmental surfaces
- Wear **eye protection** (goggles or face shields) if working within 3 feet of the patient.
- **Additional measures for SCCA floors**
 - ✓ Keep the door to the patient's room closed.
 - ✓ Gowns are required to enter the room.

Maintain Droplet Precautions Until

- It is determined that the cause of the symptoms is not an infectious agent that requires precautions beyond Standard Precautions, **or**
- The symptoms have resolved, **or**
- The patient has received appropriate antibiotic therapy for a specified duration

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National Patient Safety Goals (NPSG)

- Established by the Joint Commission (TJC) to help accredited organizations address specific areas of concern in regards to patient safety
- Highlights problematic areas in health care and recommends evidence– and expert-based solutions to those problems.
- Focus is on system-wide solutions.
- All accredited healthcare organizations must comply with each National Patient Safety Goal
- Compliance with NPSGs are monitored and publically reported.
- Currently compliance rates are reported at an organizational level (e.g., for all of UWMC).
 - ✓ By using the National Provider Identification (NPI) Number, compliance rates can also be reported on a physician-specific level
- For further information about NPSGs, see:
http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/npsg_intro.htm
- The U.S. Dept. of Health & Human Services Hospital Compare website displays quality of care data by hospital:
<http://www.hospitalcompare.hhs.gov/Hospital/Search/SearchOptions.asp>

Identify Patients Correctly

- Verify at least **two patient identifiers** prior to:
 - ✓ Any exam, procedure, diagnostic test
 - ✓ Administering medications or blood products
 - ✓ Taking blood samples or other specimens
- **Patients wearing name bands:**
Verify the patient's name & ID number
- **Patients not wearing name bands:**
Verify the patient's name & date of birth

Fully Comply with Universal Protocols

- **Prior to the start of any invasive procedure, conduct a pre-procedure verification process.**
Confirm that you have the:
 - ✓ Correct patient
 - ✓ Correct procedure
 - ✓ Correct site
 - ✓ Correct position
 - ✓ Correct implant, and/or special equipment
- For all procedures involving incision or percutaneous puncture or insertion, mark the procedure site.
- Perform a Time Out immediately prior to starting the procedure.

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Use Medications Safely

- **Medications and solutions** both on and off the sterile field **must be labeled**, even if there is only one medication being used.
 - ✓ Labeling is required when any medication or solution is transferred from the original packaging to another container.
 - ✓ Labels must include the drug name, strength, and amount.
 - ✓ If the medication will not be used within 24 hours, the label must include expiration date.
 - ✓ If the expiration occurs in less than 24 hours, the label must include the expiration time.
- No more than one medication or solution should be labeled at one time.
- Any medications or solutions found unlabeled must be immediately discarded.
- All labeled containers on the sterile field must be discarded at the conclusion of the procedure.
- At shift change or break relief, all medications and solutions both on & off the sterile field & their labels must be reviewed by entering & exiting personnel.
- When the person preparing the medication is not the person who will administer the medication, the label must be verified both verbally and visually by two qualified staff.
- Be alert to “Look Alike/Sound Alike” medications.

Accurately and Completely Reconcile Medications Across the Continuum

- Patients are most at risk during transitions in care (hand-offs) across settings, services, providers, or levels of care.
- Reconciliation and communication of an accurate medication list throughout the continuum of care is essential to the reduction of transition-related adverse drug events.
- Outpatients should be asked to identify and update their home medications & allergies.

Improve The Effectiveness of Communication Among Staff

- For verbal or telephonic orders or a telephonic report of critical test results:
 - ✓ The person receiving the information writes down the complete order or test result.
 - ✓ The person receiving the information **reads-back** the complete order or result
 - ✓ The person who gave the order or test result confirms the information read back is correct
- Report critical results to the appropriate care team members promptly.
- Avoid using Dangerous/Do Not Use Abbreviations
- Use the 4 Ps for hand-off communication: Patient, Problem, Plan, Precautions/Issues.

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Prevent Health Care-Acquired Infections

- Comply with CDC guidelines for hand hygiene:
 - ✓ **Cleanse your hands** with soap and water or an alcohol-based hand cleanser prior to and after each patient contact

- Implement evidence-based practices to prevent:
 - ✓ Healthcare-associated infections due to multi-drug resistant organisms (e.g., MRSA, VRE, CDI).
 - ✓ Central line-associated bloodstream infections.
 - ✓ Surgical site infections

- Manage unanticipated death or major permanent loss of function associated with a nosocomial infection as a sentinel event.

Improve Recognition of and Response to Changes in Patient's Condition.

- Page the UWMC Rapid Response Team (RRT) for any patient identified as high risk for impending respiratory or cardiac arrest (see pages 12-13)

Reduce the Risk of Falls

Factors That Increase the Risk of Falling

- Altered mental status
- Altered elimination
- Weakness
- Dizziness
- Depression
- Gender
- Benzodiazepines or antiepileptic medications

Fall Prevention

- Universal Fall Precautions
 - ✓ Bed locked and in lowest position
 - ✓ Call light & phone within patient's reach
 - ✓ Clear pathway to bathroom maintained
 - ✓ Proper footwear by bedside
- Assess patient with the Hendrich II Fall Prevention Scale on admission and every 24 hours thereafter.
- If the Hendrich score is 5 or more, order:
 - ✓ Assistive devices, e.g., cane or walkers
 - ✓ Gait belts
 - ✓ Fall mat next to the bed
 - ✓ Limits on weight bearing
 - ✓ Bed alarms

Patient Falls: Provider's Role

Up to 30% of patients that fall in the hospital sustain serious injury with the most serious being a subdural hematoma.

- Assess the patient for injuries:
 - ✓ Head injuries
 - ✓ Cervical spine injuries
 - ✓ Back injuries
 - ✓ Limb injuries
 - ✓ Lacerations or bruising

- A STAT CT of the head must be ordered if the patient sustained a head strike and has a platelet count less than 50K **or** is taking anticoagulants

- Sign the "Post Fall Management Physician Order Set" for patients who hit their head.

- Review medications to minimize the dose of benzodiazepines as much as possible.

**For additional information
About patient falls,
Consult with the Medical/Surgical
Clinical Nurse Specialist at (206) 598-6913**

Reduce the Likelihood of Complications from Anticoagulation Therapy

- Use approved protocols for the initiation and maintenance of anticoagulation therapy appropriate to the medication used, to the condition being treated, and to the potential for drug interactions.
- For patients being started on warfarin, perform a baseline International Normalized Ratio (INR)
- For all patients receiving warfarin therapy, a current INR should be available and used to monitor and adjust therapy.
- Notify dietary services of all patients receiving warfarin so that food/drug interactions can be addressed.
- When heparin is administered intravenously and continuously, use a programmable infusion pump.
- Provide education about anticoagulation therapy to patients and their families; emphasize the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.

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Involve Patients in Their Care

Encourage patients to take an active role in their care, help prevent errors, and improve their healthcare outcomes by using the *Be Involved in Your Healthcare* brochure.

- Refer patients and family members to the Health Information Resource Center and the patient TV information channel 2.
- If a patient has a safety concern, ask him/her to report the situation to the department manager.
- If the issue is not resolved, the patient can report the concern to UWMC Patient Relations at (206) 598-8382.
- Patients can also contact The Joint Commission or the Washington State Department of Health. Contact information is available from these sources:
 - ✓ In the *Information About Your Health Care* brochure,
 - ✓ On the UWMC website, and
 - ✓ On the framed certificate in the main lobby of the hospital.

Disaster & Emergency Preparedness

**Dial 222 for Emergencies
For Security Emergencies, Dial 911**

For additional information, refer to the
Emergency Manual (bright green flip chart),
located in all departments.

Code Blue (code 199)—Cardiac Arrest

If you discover someone who has suffered a cardiac or respiratory arrest you should:

- Note the time
- Summon help while remaining at the person's side. Shout or yell if necessary.
- Send someone to call the paging operator.
- Dial 222. Tell the operator "Code 19" and where you are – department, floor number, room number or the exact location.
- Begin CPR, if you know how, and continue CPR until assistance arrives and you are relieved.

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Code Red—Fire

Follow the **RACE** emergency procedure:

- If the area is safe to enter, **RESCUE**
- Activate the **ALARM** —
Dial 222 to report the location of the fire
- **CONTAIN** the fire by closing doors and windows
- **EVACUATE** as directed in your dept's fire plan
- During a fire alarm — **DO NOT USE ELEVATORS**
- Know the locations of your fire extinguishers, department evacuation plan, alarm pull stations, and medical gas shut-off valves.

Code Grey—Security Response

- A general alert to staff for situations that threaten the environment or the people within the Medical Center and which require a controlled response from the Administrator-On-Call or the STAT Nurse.
- Staff should remain in place and await further instructions.
- Units within the Medical Center should:
 - ✓ Secure their areas.
- Clear public areas if the need is determined

Code Orange—Decontamination

- Activated to establish a decontamination zone for the protection of UWMC staff and patients and for treatment and care of victims exposed to chemical or radioactive substances.
- The area outside of the Emergency Department is the primary site for the decontamination zone.
- **Dial 222** if you identify a hazardous chemical or radioactive contamination.
- **Hazardous Materials:** Material Safety Data Sheets (MSDS) provide written information on using hazardous chemicals, including protective equipment, health hazards, emergency first aid, and spill clean up directions.
- An MSDS for each chemical is kept on file in your work area or is available online through MYCHEM or the EH&S websites: www.ehs.washington.edu

Code Pink—Infant Abduction

- Upon hearing the overhead page, all designated staff, to include at least one person from each area, will stand by the exit(s) in their area to note any persons attempting to exit with an infant either concealed or not concealed. Other staff may also respond if available.
- Upon hearing the overhead page, all designated staff, to include at least one person from each area, will stand by the exit(s) in their area to note any persons attempting to exit with an infant either concealed or not concealed. Other staff may also respond if available.
- If a person carrying what may be the abducted infant, either concealed or not concealed, attempts to exit from the building, the staff person is to approach and inform the individual that: “There has been an emergency in the Medical Center and the exits are closed at this time.”
- Should the individual insist on leaving, do not forcibly detain the individual. The staff person should try to get as complete a physical description of the individual as possible, to include: sex, height, hair color, clothing, any jewelry, scars, moles or other items of note. If safe to do so, follow behind and note the direction traveled and details of any vehicle used (bike, bus, car, truck, etc)..

Bomb Threat

If you receive a telephone bomb threat:

- Do not hang up.
- Gather as much information from the caller as possible. (See the Emergency Manual for more details)
- Dial 222 immediately and report a bomb threat. Give the operator as much detail as possible.
- Notify your supervisor immediately. Await instructions.
- If you discover a Bomb or suspicious item, **leave it untouched.**
- Dial 222 to report what you have found

Disaster Response

If a disaster is called:

- Protect lives by assisting with moving patients and staff out of a dangerous area, as indicated.
- If you are not needed to perform direct patient care in your area:
 - ✓ Report to your pre-assigned disaster response area, or
 - ✓ Report to Hogness Auditorium for assignment

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Earthquake

- **Drop**
 - ✓ If you are indoors, stay indoors.
 - ✓ Take shelter under a table or desk or against an interior wall.
- **Cover**
 - ✓ Protect your head and neck with your arms
 - ✓ Stay away from windows, movable equipment or objects hanging on the wall.
- **Hold**
 - ✓ If you take cover under a piece of furniture, hold onto the legs and be prepared to move with it.
 - ✓ Stay under cover until the shaking stops and it is safe to move.
- **House staff** should report immediately to their Chief Resident or Program Director.

Red Power Outlets

- During an electrical outage, the red outlets will function from emergency generator power to maintain essential life support equipment.
- If emergency power does not start up in acute patient care areas, dial 222

Medical Equipment:

- To help ensure that medical equipment is safe for use, perform a visual inspection of the equipment prior to each. Ensure that it is not damaged, that it appears to be operating properly, and that it is not overdue for service.
- Inspection stickers are located on the equipment:
 - ✓ Gold circle stickers: approved for patient contact (patient care areas)
 - ✓ Red circle stickers: non-patient care equipment



What do I do if equipment malfunctions?

- If you suspect the equipment may have been involved in a patient event,
 - ✓ Immediately remove equipment from service
 - ✓ Keep equipment intact with all disposables
 - ✓ Complete a PSN report.
- The equipment will be impounded for evaluation by Clinical Engineering.
- Clinical Engineering & Risk Mgmt will determine if a Safe Medical Devices Act report is required.
- For routine repairs, remove the equipment from service and tag it with a defective equipment tag.
- If the problem is *urgent*, tag the equipment and call the number listed on the inspection sticker

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