



**SUMMA HEALTH SYSTEM**

**ACCREDITATION / JOINT COMMISSION**

**MEDICAL STAFF EDUCATION PACKET**

# Introduction

- Summa Health System is accredited by Joint Commission (JC) – a non-profit organization that sets minimum standards for quality and safety in healthcare organizations. JC is also a deemed-status agency authorized by the federal government to certify healthcare organizations as meeting Medicare Conditions of Participation.
- Joint Commission standards require that physicians, advanced practice providers, and other members of the Medical Staff are knowledgeable on the important aspects of patient care and receive periodic education on selected topics as defined by the agency. This review has been developed to meet these requirements.



# Introduction

- As a member of the Summa Health System Medical Staff, you play an important role in the protection and safety commitment to our patients. To that end, you are responsible for understanding the information contained in this education to assist you with implementation of safe practices, knowledge of safety resources, and content of pertinent hospital policy and procedures. It is vital that each of us comply with all of Summa's policies and procedures, but this will review some of the most critical ones of which you must be aware.
- This information is reviewed and updated periodically; please review in its entirety as information may have changed from prior years. Acknowledgement of the review of this packet is a mandatory step in the credentialing process at Summa Health System.
- For questions or concerns, please contact Trish Enos, System Director of Performance Improvement and Accreditation, at 330-375-3524.

# Reporting Quality of Care Concerns

- Any employee or member of Summa Health System Medical Staff who has concerns about the safety or quality of care provided in the hospital or associated sites is encouraged to contact any member of Administration, Medical Staff Leadership, or the Quality Departments. While resolving issues through internal processes is most desirable, any employee or medical staff member who has an unresolved concern about safety or quality of care provided in the organization may report the concerns to Joint Commission.
- No disciplinary action will be taken against individuals when such a report is made.

# Responding to Incidents in the Patient Care Environment

If you become aware of an unsafe or potentially unsafe situation, please report it immediately to the supervisor of the care or work area. If an incident occurs, please take actions necessary to protect yourself, the patient(s) and others from harm and report the incident immediately to the supervisor of the care or work area. You may also complete an incident or an unusual occurrence report in the online reporting system called Midas, our online reporting system. This can be accessed on the Hospital Intranet, Summa@Work.

Your department staff can assist you.

Questions related to electronic incident reporting please contact Trish Enos, System Director of Performance Improvement and Accreditation, at 330-375-3524.

# Role in Situation Assessment Group (SAG) for Concerns of Patient Violent Behavior

You may be contacted by hospital leadership to join a Situation Assessment Group meeting regarding your patient's physical or verbal behaviors in order to establish a Behavioral Plan.

Subsequently, your role would include discussing the Behavior Plan with your patient while accompanied by Nursing Leadership and Protective Services/Police.

## Welcome

**Summa Health is a healing environment.**

Please treat others with kindness and respect.

**We have a zero tolerance policy for any type of aggression including:**



Verbal Harassment



Physical Assault



Abusive Language



Sexual Harassment



Destruction of Property



Threats of Harm

Aggression may result in removal from the facility and/or prosecution.

# Role in Emergency Management

The organization has established a comprehensive plan to respond to a variety of emergency situations. In the event of a significant emergency (disaster), members of the medical staff will be responsible for providing medical care and support. This may involve such activities as:

- Determining which patients under your care could be discharged to make room for emergency admissions;
- Staffing triage and secondary care areas depending on your discipline and specialty;
- Providing medical direction to care units;
- During an emergency, members of the medical staff shall report to Physician Lounge; Department Chair and/or the Chief Medical Officer



# Role in the Event of a Fire/Fire Drill – “Code Red”

“**Code Red**” means that someone has reported seeing fire or smoke in any of the hospital/facility buildings or that a drill is being conducted.

All personnel respond as if there is an actual fire.

If you see fire/smoke – Activate the nearest pull station and close doors in the area. Locate the nearest fire extinguisher and use PASS if the fire can safely be put out and you feel comfortable assisting.

**P** – Pull the pin

**A** – Aim the nozzle

**S** – Squeeze the trigger

**S** – Sweep from side to side at the base of the fire





# Role in the Event of a Fire/Fire Drill – “Code Red”

“**CODE RED** & the location” – This code will be paged overhead when fire/smoke is noted and the alarm has been activated.

RACE is the acronym that is used to remember the sequence of events in case of a fire:

- **R** - Rescue Patients / Visitors (shut doors after removal)
- **A** - Activate Nearest Alarm
- **C** - Contain fire (shut doors)
- **E** - Extinguish the fire / Evacuate



# Role in the Event of a Fire/Fire Drill – “Code Red”

**DO NOT GO** through closed doors (fire or smoke doors) during the time the alarm bells are ringing and/or lights are flashing. (You will notice employees are also waiting in the hall.) We understand that your time is valuable and we respect that, however we also feel it’s important to follow the hospital-wide policy. Fire/smoke doors are not to be opened when the fire system is in alarm.

If an evacuation becomes necessary, this effort will be directed by the fire chief, Administration, and/or the Hospital Incident Commander. The Evacuation Plan will be implemented and instructions will be given as assistance is needed.

After an “**ALL CLEAR**” is paged by the operator, you may continue your movement throughout the building.



# Emergency Codes at Summa Health System

These codes will have the location paged following the code title as appropriate:

**“CODE ADAM”**: This code is paged when an infant or child is reported missing. Staff are to report to assigned perimeter doors.

**“CODE BLACK”**: This code is paged when the hospital becomes aware of a bomb, threat of a bomb, or a suspicious package is found on the premise.

**“CODE BLUE”**: Medical Emergency for all hospital areas

**“CODE BROWN”**: Missing adult patient

**“CODE SILVER”**: This code is paged when a person is seen with a weapon, in a hostage situation, or any active shooter situation. This code is to alert all personnel to stay away from the scene and Protective Services is to respond.

# Emergency Codes at Summa Health System

These codes will have the location paged following the code title as appropriate:

**“CODE VIOLET”**: Combative patient or family; this will summons Protective Services and Nursing Supervisor to assist.

**“CODE YELLOW”**: Code Yellow is paged when an external disaster has occurred in the community or an internal disaster has occurred at the hospital (Ex. Boiler explosion, etc.). Your name will be placed on the “Physician Response Call List” and you will be notified in the event you are needed. The hospital tests its emergency preparedness plan at least twice a year and this also may include tabletop exercises.

**“CODE PINK”**: This Code is not paged throughout the hospital but is used in Women’s Services for neonatal emergencies. Those required to respond will have special alerts built into the system.

# Emergency Codes at Summa Health System

**TORNADO WATCH/TORNADO WARNING:** The National Weather Service Alert system warnings will be paged by the phone operator.

**CHEMICAL SPILLS:** The operator is notified in the event a spill larger than an incidental spill (spills of less than 5 ml and/or any spill that can be cleaned up by the people involved using the training and personal protection equipment (PPE) they have at hand or immediately available). In the event of a larger spill, Protective Services will respond to assess the situation. All other personnel must stay away from the scene.





# Infection Prevention

# Goals of Infection Prevention in Healthcare

- Eliminate Hospital Associated Infections
  - Reduce risk factors such as indwelling devices
  - Support high quality, evidence-based care
- Protect patients and staff
  - Identify risks, opportunities, and best practices
  - Follow up on outbreaks
  - Contact tracing
- Provide education
  - Tailored to individual or group needs and settings
- Build policies to support safety
  - Evidence Based Practice
  - Prepare, approval, implement regulatory agency requirements and recommend practice guidelines from the CDC
- Break the Chain of Infection



# National Healthcare Safety Network (NHSN)

## NHSN provides definitions to identify and classify infections

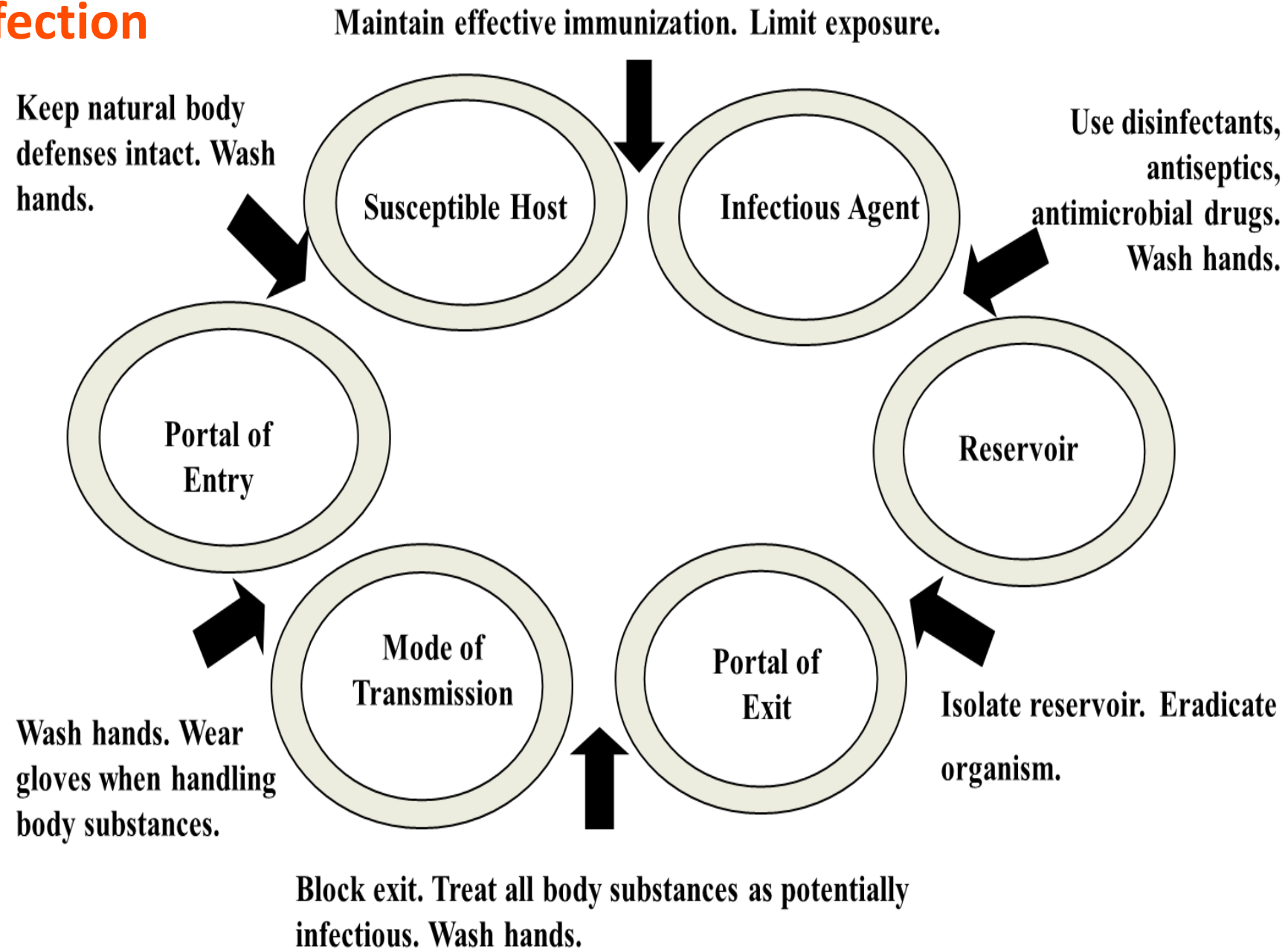
- Each type of infection (CLABSI, CAUTI, SSI, etc.) must meet specific criteria
- This provides a consistent way to track and monitor infection rates
- Rules for determining Healthcare Associated infections (HAI) versus Community Acquired/Present on Admission (POA)
  - HAI =  $\geq$  day 3 of hospital stay, after surgery
  - Clostridioides difficile (C. diff) and MRSA = HAI determination at day 4
  - Surgical wound infection = followed for 30-90 days post op

## NHSN provides a framework for reporting Healthcare Associated infections (HAI)

- Present or incubating on calendar day 1 or 2 of inpatient admission



# Chain of Infection





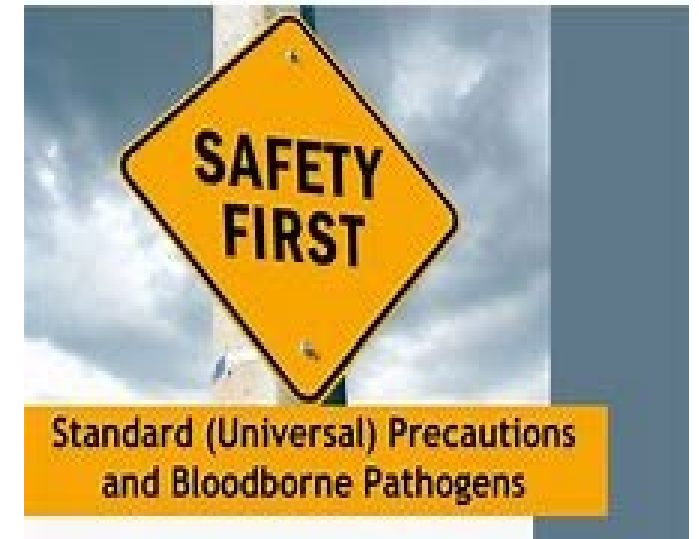
# Antibiotic Resistance

**Bacteria and other pathogens are very adaptable. They have the ability to change genetically to resist the effects of medications used to treat them.**

- Increased use of antibiotics lead to increased resistant strains of bacteria.
  - Multidrug resistant organisms (MDROs)– microorganisms, primarily bacteria, resistant to one or more classes of antimicrobial agents. These are frequently resistant to *most* available antimicrobial agents. Examples: ESBL, CRE, MRSA, VRE
- When an infection is resistant to the antibiotic of choice, other antibiotics must be used.
  - The second-choice drugs are typically less effective, more toxic, and more expensive.
- A patient with a resistant infection tends to have:
  - Lengthier illness
  - Higher medical bills
  - Greater risk of death.

# Standard Precautions

- Standard Precautions are used for all patients
  - Standard precautions rely on the use of personal protective equipment as a means of protection.
  - Consider all person's blood or body fluid potentially infectious.
  - Provides space for you to wear the PPE you determine necessary.
- Components
  - Hand hygiene.
  - Use of personal protective equipment (e.g., gloves, masks, eyewear).
  - Respiratory hygiene / cough etiquette.
  - Sharps safety (engineering and work practice controls).
  - Safe injection practices (i.e., aseptic technique for parenteral medications).
  - Sterile instruments and devices.
  - Clean and disinfect environmental surfaces.



# Transmission-Based Precautions

**Transmission-Based Precautions** are the second tier of basic infection control and are used in addition to [Standard Precautions](#) for patients who may be infected or colonized with **certain infectious agents** for which additional precautions are needed to prevent infection transmission.

## Components

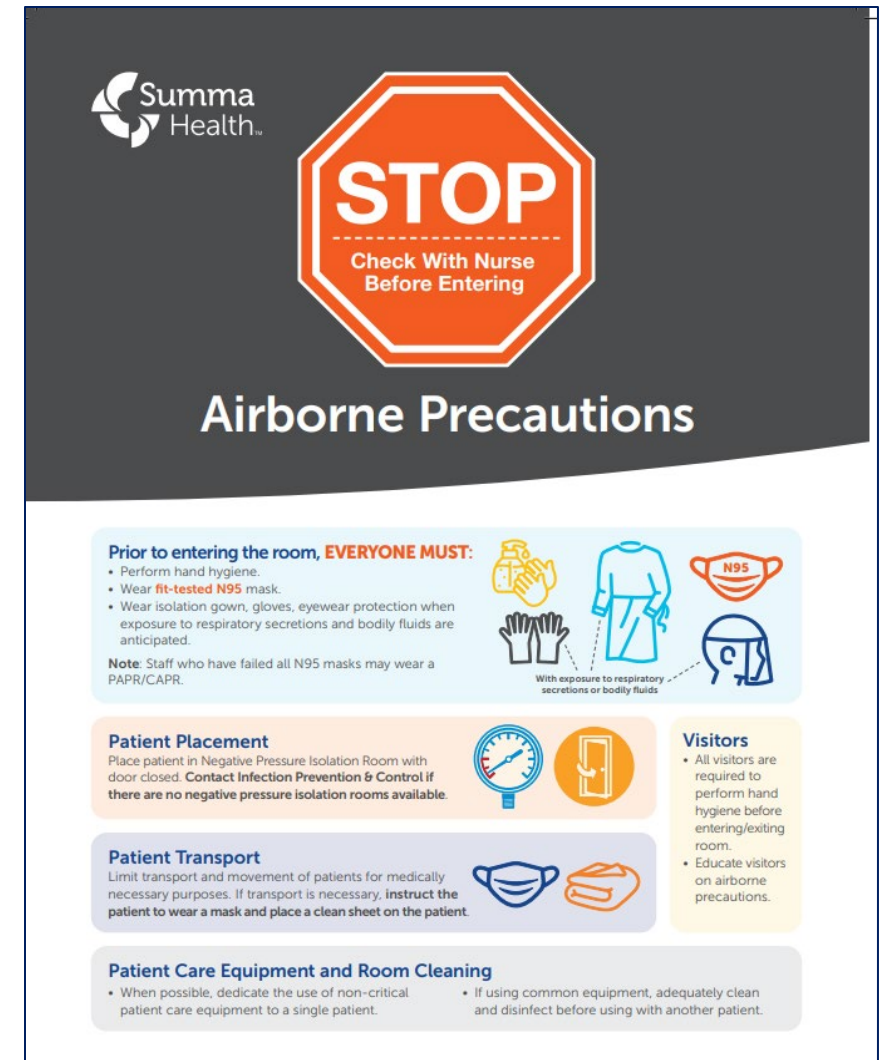
- Ensure appropriate patient placement
- Use personal protective equipment (PPE) appropriately
- Limit transport and movement of patients
- Use disposable or dedicated patient-care equipment
- Prioritize cleaning and disinfection of the rooms



# Transmission-Based Precautions-Airborne Precautions

## Black Sign


- Tuberculosis, measles
- Fit tested N 95 Mask w/ Full Face protection or PAPR unit before entering room
- Gloves, gown, and eye protection required additionally when exposure to respiratory secretions or bodily fluids are anticipated
- Airborne Infection Isolation Room (Negative Pressure)
- Isolation mask on patient and sheet for transport out of room




# Transmission-Based Precautions-Droplet Precautions

## Green Sign

- Common respiratory illnesses – rhinovirus, non-COVID coronaviruses
- Isolation mask required for entering room
- Gloves, gown, and eye protection required when exposure to respiratory secretions or bodily fluids is anticipated
- Isolation mask and sheet on patient for transport out of room

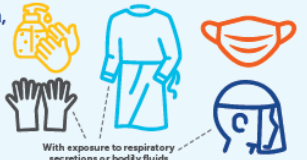




## Droplet Precautions

**Prior to entering the room, EVERYONE MUST:**

- Perform hand hygiene.
- Wear mask.
- Wear gown, gloves and eye protection when respiratory secretions or bodily fluids anticipated.



With exposure to respiratory secretions or bodily fluids

**Visitors**


- All visitors are required to perform hand hygiene before entering/exiting room.
- Educate visitors on droplet precautions.

**Patient Placement**

Place patient in a private room. If no private rooms are available, it is OK to cohort patients with same diagnosis. Keep curtain pulled at all times. **Contact Infection Prevention & Control if no private rooms are available.**

**Patient Transport**

Limit transport and movement of patients for medically necessary purposes. If transport is necessary, **instruct the patient to wear a mask and place a clean sheet on the patient.**



**Patient Care Equipment and Room Cleaning**

- When possible, dedicate the use of non-critical patient care equipment to a single patient.
- If using common equipment, adequately clean and disinfect before using with another patient.



# Transmission-Based Precautions-Droplet Plus

## Green/Blue Sign

- Covid-19
- Fit tested N 95 Mask w/ Full Face protection or PAPR unit before entering room, gown, and gloves.
- Airborne Infection Isolation Room (Negative Pressure) for aerosol-generating procedures.
- Isolation mask on patient and sheet for transport out of room



### Droplet Plus

## Contact Precautions



**Prior to entering the room, **EVERYONE MUST:****

- Perform hand hygiene.
- Wear gloves.
- Wear isolation gown.
- Wear N95 mask and full face protection.

**Note:** N95 must be fit tested for aerosolizing procedures. Staff who have failed all N95 masks may wear a PAPR/CAPR. If mask is not fit tested, must wait 10 minutes to enter the room after an aerosolizing procedure.



**Patient Placement**

Place patient in a private room with door closed. **Contact Infection Prevention & Control if no private rooms are available.**



**Visitors**

- All visitors are required to perform hand hygiene before entering/exiting room and wear appropriate PPE while in the room.
- Educate visitors on Droplet Plus Precautions.

**Patient Transport**

Limit transport and movement of patients for medically necessary purposes. **Limit transport and movement of patients for medically necessary purposes. If transport is necessary, instruct the patient to wear a mask and place a clean sheet on the patient.**





**Patient Care Equipment and Room Cleaning**

- When possible, dedicate the use of non-critical patient care equipment to a single patient.
- If using common equipment, adequately clean and disinfect before using with another patient.

# Transmission-Based Precautions-Contact Precautions

## Blue Sign


- Multi drug resistant organisms (MDROs), other GI illnesses (**not** *C diff* or *Norovirus*)
- Gloves & gown are required when entering the room and while providing care
- Place patient in private room
- Discard PPE in regular trash at exit
- Dedicate equipment to room and disinfect before removal



### Contact Precautions

**Prior To Entering the Room, EVERYONE MUST:**

- Perform hand hygiene.
- Wear gloves.
- Wear isolation gown.




**Patient Placement**

Place patient in a private room. If no private room is available, place the patient in a room with a patient who has active infection with the same microorganism but with no other infection (cohorting). Consult Infection Prevention & Control.

**Patient Transport**

If transport is necessary, place a clean sheet over the patient. Place a surgical mask on patient with respiratory symptoms.



**Patient Care Equipment and Room Cleaning**

- Dedicate the use of non-critical patient care equipment to a single patient.
- If using common equipment, clean and disinfect the item prior to use on another patient. Use the hospital-approved disinfectants.

**When Exiting the Room**

Perform hand hygiene. Use alcohol-based hand sanitizer when hands are not visibly soiled. Wash with soap and water when hands are visibly soiled.

**Visitors**

- All visitors are required to perform hand hygiene before entering/exiting room.
- Educate visitors on Contact Isolation.





# Transmission-Based Precautions-Enhanced Contact Precautions

## Yellow Sign

- CLOSTRIDIODES DIFFICILE/NOROVIRUS
- Gowns and gloves for all patient encounters, contact with environmental surfaces and all body fluid contact
- Dedicate equipment to room
- Bleach-based or other sporicidal disinfection and fogging at discharge
- Hand hygiene with soap & water at exit








### Enhanced Contact Precautions


**Prior to entering the room, EVERYONE MUST:**

- Perform hand hygiene.
- Wear gloves.
- Wear isolation gown.



**When Exiting the Room:**

Remove gloves and gown and perform hand hygiene with soap and water.



**Patient Placement**


Place patient in a private room. If no private room is available, place the patient in a room with a patient who has active infection with the same microorganism but with no other infection (cohorting). **Consult Infection Prevention & Control.**

**Visitors**

- Educate visitors on Enhanced Contact Precautions.
- Visitors should wear a gown and gloves.
- Visitors should wash hands with soap and water upon exiting the room.

**Patient Transport**

If transport is necessary, place a clean sheet over the patient. Place a surgical mask on patient with respiratory symptoms.



**Patient Care Equipment and Room Cleaning**

- When possible, dedicate the use of non-critical patient care equipment to a single patient.
- If using common equipment, adequately clean and disinfect before using with another patient.
- Use **bleach-based cleaning product** for disinfecting.

Upon patient discharge, **keep the isolation signage on the door** until Environmental Services have cleaned the room AND DMT has fogged the room.

## Other types of isolation...



**Everyone Must Clean Their  
Hands Before Entering  
The Patient's Room.**

**No** fresh fruits or vegetables.  
**No** fresh flowers.

**Please wear a mask** if you have a cough,  
are sneezing or having any respiratory symptoms.

Please see the nursing staff if you have any questions.  
**Thank you for your cooperation.**

IPC-24-68805/CS/PA403-24

# Use of Personal Protective Equipment: Sequence for Donning/Doffing PPE

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room except a respirator, if worn.** Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in an infectious\* waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in an infectious\* waste container



### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Roll gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in an infectious\* waste container



### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in an infectious\* waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

\* An infectious waste container is used to dispose of PPE that is potentially contaminated with Ebola virus.



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE



## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room except a respirator, if worn.** Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into an infectious\* waste container



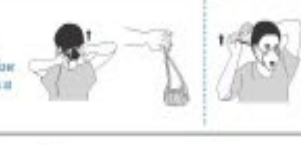
### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in an infectious\* waste container



### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in an infectious\* waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

\* An infectious waste container is used to dispose of PPE that is potentially contaminated with Ebola virus.



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE

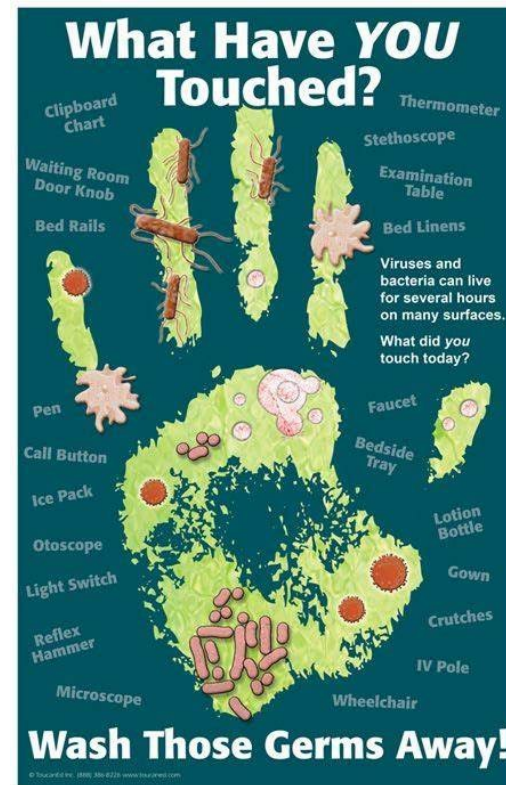


# Hand Hygiene



# Why is Hand Hygiene so important?

Washing/Sanitizing your hands is the single most effective way of preventing the spread of infection among staff and patients!



Source: ToucanEd

WHO estimates that 50% of Healthcare associated infections are preventable with *hand hygiene alone!*

Source: WHO

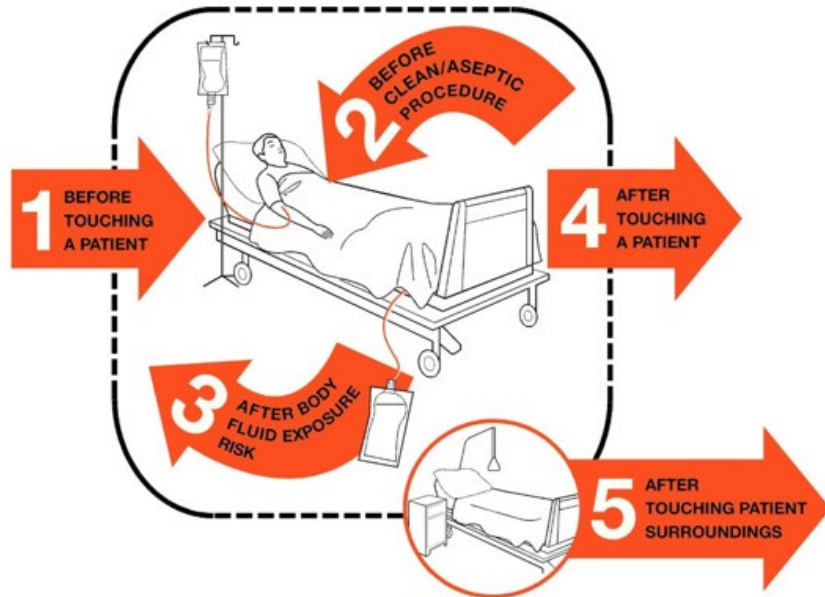
Gloves reduce hand contamination by 70 percent to 80 percent - the use of gloves does not eliminate the need for hand hygiene.

Source: CDC

# Hand Hygiene

Summa follows the CDC (Center for Disease Control and Prevention) recommendations for good hand hygiene.

## Your 5 Moments for Hand Hygiene



## Clean In Clean Out



# Hand Hygiene: When to Clean?

CDC indications for Hand Hygiene:

- Before having direct contact with patients.
- Before donning sterile gloves when inserting 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, and lifting a patient).
- After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
- If 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 a restroom, wash hands with soap and water.

## Artificial Nails and Jewelry

All Employees providing Direct Patient Care are prohibited from wearing all artificial nail enhancements (artificial nails, tips, wraps, appliqués, acrylics, gels and any additional items applied to the nail surface).

Skin under rings may be more heavily colonized with microorganisms than the rest of the hand and rings may increase the risk of glove tears. Wrist jewelry may prevent proper washing of the skin, and skin may not be dried properly following handwashing if wrist jewelry is present. Avoid dangling bracelets.





# Hand Hygiene Options at Summa



Wet hands,  
apply soap and  
rub >20  
seconds. Rinse,  
dry & turn off  
faucet with  
paper towel.

Apply to  
palm; rub  
hands until  
dry, covering  
all surfaces.



Use soap and water for visibly soiled hands and blood.

Do not wash off alcohol hand rub.

# Bloodborne Pathogens

# Bloodborne Pathogen Education

Occupational Health and Safety Administration (Government agency responsible for providing guidelines, regulations in order to promote worker health and safety).

- Requires Bloodborne Pathogen education on hire and annually – this education will be a Healthstream assignment.

Bloodborne pathogens are spread from person to person as a result of blood or body fluid exposure. Exposures may include punctures, scratches, lacerations, splashes, contact with non-intact skin

Any Summa Health System employee or volunteer who experiences a work-related exposure should:

- Immediately wash any puncture, laceration, or scratch sites with soap and water.
- Rinse exposed eyes, nose, and mouth with copious amounts of tap water.
- Report incident IMMEDIATELY to your supervisor or designee.
- Complete the Employee On The Job Accident Report.
- Report for treatment ASAP or within two (2) hours to Employee Health, Corporate Health or the Emergency Department.



# Safe Injection Practices

- Prepare injection using aseptic technique
  - When removing caps/lids from vials, you must clean the top with alcohol
- Never draw partial doses of medication from separate vials to obtain a full dose
- All needles and syringes are **SINGLE PATIENT USE ONLY**
- **NEVER** re-enter a vial with a used needle OR used syringe
- Once medication is drawn up, the needle should be **IMMEDIATELY** withdrawn from the vial. A needle should **NEVER** be left in a vial to be attached to a new syringe
- Avoid multi-dose vials
  - *If you must use multidose, then opened multidose medication vials should be discarded according to the manufacturer's instructions or 28 days after opening, whichever is shorter.*



# Biohazard Disposal

## Needles and Sharps

- Contaminated Needles and sharps shall not be purposely bent or broken.
- Manual recapping prohibited unless there is no other feasible method.
- Discard both *used and clean* needles, syringes, and sharps in needle disposal system
- Use needleless system



## Contaminated Trash

- EPA-Environmental Protection Agency regulates disposal of contaminated items.
- “Red bags” should be centrally located
- Red bag for disposal of:
  - All biological waste, culture mediums, slides from laboratory, organs, body parts
  - Suction canisters containing any respiratory secretions-does not need to have visible blood
  - Grossly soiled items-defined as dripping, saturated
  - Lightly soiled items dispose of in regular trash.
  - If unclear as to what goes into the red bag, BE SAFE, dispose in red bag.

# Infection Prevention Information: Transmission Precautions

## Isolation Notifications Epic

Bed: N4-457 A

Code: FULL (no ACP docs)

Alias: None

CarePATH Chart: Link

Patient Class: Inpatient


COVID-19 Vaccine: Overdue for dose 3

**COVID-19: Positive 8/24/2024**

Infection: C. difficile Rule-Out, Gastrointestinal Rule-Out

**Isolation: Droplet Plus, Enhanced Contact**







**⚠ Patient has Missing History Elements**

 Brian J Niedzwecki, DO  
Attending

Allergies: No Known Allergies

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## H – Tower – Monitor Isolation Notifications

	The patient is at risk for falls.		Strict isolation: Droplet protocol, use N-95 mask for aerosol-generating procedures.
	Droplet isolation: Mask and goggles are required for entering the room.		Airborne isolation: N-95 mask or PAPR unit is required for entering the room.
	Contact isolation: Wash hands, wear gloves while providing care.		C Diff isolation: Contact protocol, wash with soap and water (15 seconds).



# Personal Protective Equipment (PPE): General Guidance



## Do:

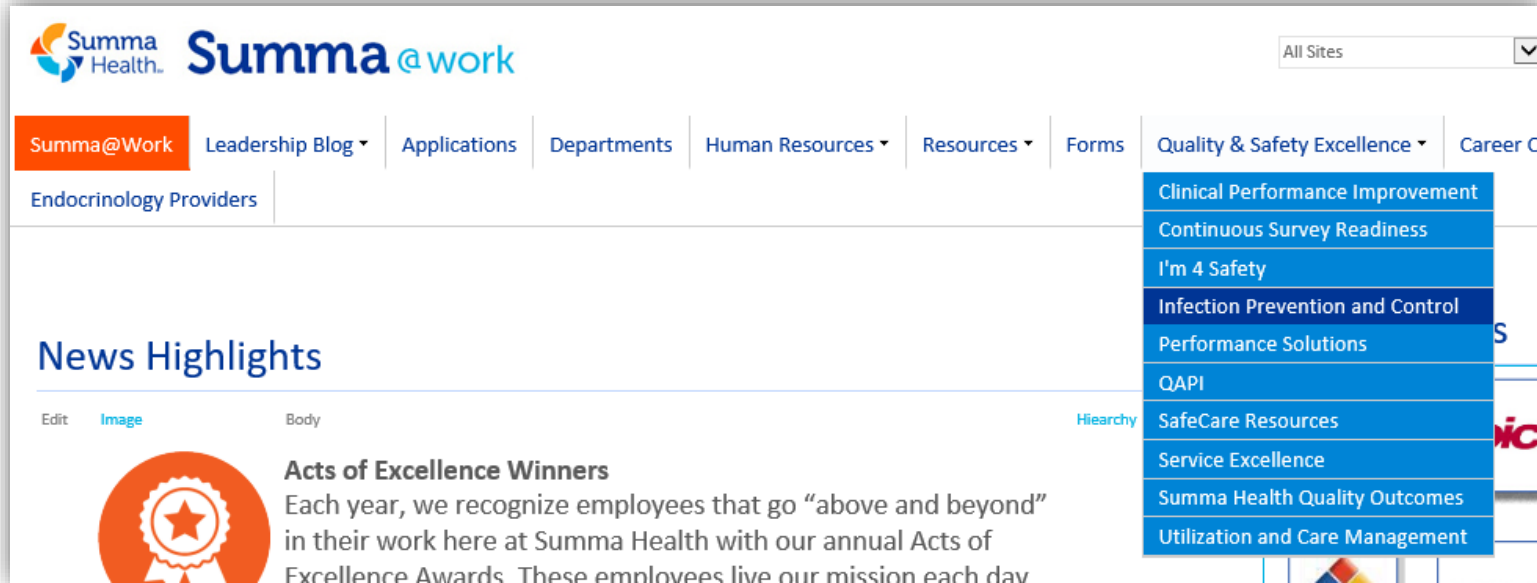
- ✓ Know the location of PPE in your work area.
- ✓ Review proper disposal of PPE in your work area with your supervisor.
- ✓ Use PPE for **ALL CONTACT WITH BLOOD OR BODY FLUIDS**
- ✓ Wear PPE as needed according to Standard Precautions, Transmission-based Precautions, and department-specific requirements
- ✓ Follow Hand Hygiene guidelines
- ✓ Make sure PPE is the correct type and fit
- ✓ Know and follow current PPE policy



## Don't:

- x Wear PPE in hallways
- x Re-use or wash PPE
- x Wear PPE in multiple rooms or for multiple patients
- x Wear personal eyewear without side shields as PPE
- x Use non-approved hand lotions
- x Forget to remove and dispose of PPE appropriately

# Infection Prevention on Summa@Work



## Infection Prevention and Control Department Site

- Quick access to algorithms, meeting minutes, and hand hygiene statistics
- Links to policies and additional information



## Policies and Procedures

- Infection Prevention policies
- Safety manual policies



# Immunization

Seasonal Influenza Vaccination is mandatory:

- Influenza is a highly contagious disease transmitted via coughing, sneezing or nasal secretions.
- Hospital personnel have a responsibility to protect patients and employees from transmissions of this organism.
- Seasonal Influenza Immunization is required for all Summa Staff, Volunteers and Contracted personnel unless medical documentation of contraindication.

# Ventilator Associated Pneumonia

## VAP Bundles Include:

- Elevation of head of the bed to between 30 and 45 degrees
- Daily “sedation vacation” and daily assessment of readiness to extubate
- Peptic ulcer disease prophylaxis
- Deep venous thrombosis prophylaxis (unless contraindicated)

# Central Line Insertion

## Bundle includes:

- Hand hygiene
- Maximal barrier precautions
- Chlorhexidine skin antisepsis
- Optimal catheter site selection, with subclavian vein as the preferred site or non-tunneled catheters.
- Daily review of line necessity, with prompt removal of unnecessary lines.
- A central line checklist incorporating the above-mentioned items has been developed and is intended for use during insertions. Compliance to the above components of the central line insertion will be assessed periodically and the results distributed to the appropriate personnel (leadership, quality, staff members, and department leaders).
- Utilize the Blood Culture Algorithm.

# Blood Culture Indications

## Order Blood Cultures if patient meets ANY of the following criteria:

- Prior to antimicrobial therapy for suspected bacteremia or fungemia
- Febrile Neutropenia
- Endocarditis
- Sepsis/Septic Shock
- Septic Arthritis
- Meningitis
- Osteomyelitis
- Epidural abscess
- Peritonitis
- IV Drug Abuse
- Ventricular shunt
- ICU patient with the following:
  - Pneumonia
  - Skin/soft tissue infection
  - Necrotizing fasciitis
- Fever of unknown origin (> 100.4 lasting > 3 weeks)
- Infected indwelling vascular catheter with redness, drainage, warmth, swelling or pain at site; uncapped lumens; or soiled/missing dressing present on admission

## Consider Follow-Up Blood Cultures for:

- Known or suspected endocarditis
- Bacteremia with the exception of gram-negative bacteremia due to simple or uncomplicated urinary source
- Staph aureus or Staph lugdunensis bacteremia
- Fungemia
- Presence of fever, leukocytosis more than 72 hours or unknown source following initiation of pathogen directed therapy
- Known or suspected site of infection with limited antimicrobial penetration to abscess or joint space
- Catheter-related bloodstream infection after infected catheter replacement or removal

## DO NOT Order Blood Cultures for the following:

- Increased WBC count alone
- Increased temperature alone
- Suspected viral infection
- If blood cultures have been collected in the previous 72 hours without growth or clear clinical change

Assess for presence of wounds, abscesses and or purulent drainage. If present, MUST culture these sites at time of ordering blood cultures.

Order abdominal GI imaging as indicated.

# Catheter Associated Urinary Tract Infection

## CAUTI Bundle includes:

- *Perform hand hygiene.*
- Perform a **daily review** of the need for the urinary catheter.
- Check the catheter has been continuously connected to the drainage system. Drainage bag must be kept lower than patient's bladder at all times.
- Perform routine daily meatal hygiene.
- Regularly empty urinary drainage bags as separate procedures, each into a clean container.
- All urinary catheters must be secured to decrease movement of catheter.
- Consider use of external devices when ordering an indwelling catheter.
- If a patient has had a urinary catheter in place > 2days, remove catheter (replaced if ordered), then collect urine.
- Utilize the Urine Culture Algorithm.
- Utilize the Nurse Protocol for the Discontinuation of Catheter.

# Catheter Associated Urinary Tract Infection

## Asymptomatic Bacteriuria Versus Urinary Tract Infection

### Guidelines



#### Do not send urinalysis or urine culture for:

- Discoloration, foul-smelling, turbidity or cloudy urine
- To document clearance after treatment unless symptoms persist
- Asymptomatic patients except in pregnant women
- Mental status change
- Lethargy, weakness
- Recent fall



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# Preventing Surgical Site Infections (SSI)

## Bundle includes:

- Appropriate use of antibiotics just prior to and during surgery.
- Limited or minimal hair removal at the surgical site using clippers.
- Use of antimicrobial washes prior to surgery by patients.
- Use of antiseptic scrub in the Operating Room, immediately prior to surgery.
- Additional bundle measures are applied to certain procedures when there is evidence that these additional practices may further reduce infection risk.

According to the Centers for Disease Control and Prevention (CDC), surgical site infections (SSI) pose significant risks to patients and are the third most commonly reported type of healthcare associated infection (HAI).



# Preventing Hospital associated Clostridioides difficile



- Early identification: On day 1, 2, or 3 send stool specimen for loose stool/diarrhea.
- **After day 3 MUST MEET ALL 4 CRITERIA**
  1. **New onset** liquid/watery stools.
  2. Greater than 3 loose stools in a 24 hour period.
  3. Is the patient on laxatives, enema, bowel prep, or lactulose?
  4. Does patient have **NEW** symptoms: Fever > 38.1, nausea, vomiting, abdominal pain or new onset leukocytosis >10.7?

# Communicable Disease Reporting

## **Purpose:**

- To provide timely, provisional information to the public health department so necessary public health follow-up and intervention can begin within necessary periods.
- To provide timely alert to departments Laboratory, Endoscopy, Surgical Services, Autopsy Department.

A health care provider with knowledge of a case or suspect case of a disease which is required by law to be reported, including all class "A", class "B", and class "C" categories of disease designated as reportable under rule 3701-3-02 of the Administrative Code, shall submit a case report in the manner set forth in rule 3701-3-05 of the Administrative Code.

Infection Prevention and Control and the Laboratory Department are responsible for reporting communicable/infectious diseases in compliance with the State of Ohio Administrative Codes.



## Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio

From the Ohio Administrative Code Chapter 3701-3; Effective August 1, 2019

### Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- Anthrax.
- Botulism, foodborne.
- Cholera.
- Diphtheria.
- Influenza A – novel virus infection.
- Measles.
- Meningococcal disease.
- Middle East Respiratory.
- Syndrome (MERS).
- Plague.
- Rabies, human.
- Rubella (not congenital).
- Severe acute respiratory syndrome (SARS).
- Smallpox.
- Tularemia.
- Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever.

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

### Class B:

Disease of public health concern needing timely response because of potential for epidemic spread – report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known.

- Amebiasis.
- Arboviral neuroinvasive and non-neuroinvasive disease:
  - Chikungunya virus infection.
  - Eastern equine encephalitis virus disease.
  - LaCrosse virus disease (other California serogroup virus disease).
  - Powassan virus disease.
  - St. Louis encephalitis virus disease.
  - West Nile virus infection.
  - Western equine encephalitis virus disease.
  - Yellow fever.
- Campylobacteriosis.
- *Candida auris*.
- Carbapenemase-producing carbapenem-resistant Enterobacteriaceae (CP-CRE).
  - CP-CRE *Enterobacter* spp.
  - CP-CRE *Escherichia coli*.
  - CP-CRE *Klebsiella* spp.
  - CP-CRE other.
- Chancroid.
- *Chlamydia trachomatis* infections.
- Coccidioidomycosis.
- Creutzfeldt-Jakob disease (CJD).
- Cryptosporidiosis.
- Cyclosporiasis.
- Dengue.
- *E. coli* O157:H7 and Shiga toxin-producing *E. coli* (STEC).
- Ehrlichiosis/anaplasmosis.
- Hepatitis A.
- Hepatitis B (non-perinatal).
- Hepatitis B (perinatal).
- Hepatitis C (non-perinatal).
- Hepatitis C (perinatal).
- Hepatitis D (delta hepatitis).
- Hepatitis E.
- Influenza-associated hospitalization.
- Influenza-associated pediatric mortality.
- Legionnaires' disease.
- Leprosy (Hansen disease).
- Leptospirosis.
- Listeriosis.
- Lyme disease.
- Malaria.
- Meningitis:
  - Aseptic (viral).
  - Bacterial.
- Mumps.
- *Salmonella* Typhi infection (typhoid fever).
- Salmonellosis.
- Shigellosis.
- Spotted Fever Rickettsiosis, including Rocky Mountain spotted fever (RMSF).
- *Staphylococcus aureus*, with resistance or intermediate resistance to vancomycin (VRSA, VISA).
- Streptococcal disease, group A, invasive (IGAS).
- Streptococcal disease, group B, in newborn.
- Streptococcal toxic shock syndrome (STSS).
- *Streptococcus pneumoniae*, invasive disease (ISP).
- Syphilis.
- Tetanus.

# Communicable Disease Reporting

If a rare or highly communicable disease, bioterrorism agent, or situation is suspected or identified, providers are to **telephone** report to appropriate public health authorities and infection prevention (Summa Health System pager 330-971-4010) who will implement a mass notification system alert.

Based on the organism suspected, appropriate precautions including personal protective equipment (PPE) and use of biosafety hood are required.

## Class A:

Diseases of major public health concern because of the severity of disease or potential for epidemic spread – report immediately via telephone upon recognition that a case, a suspected case, or a positive laboratory result exists.

- |  |                            |   |  |
|--|----------------------------|---|--|
| • Anthrax.                             | • Measles.                 | • Rubella (not congenital).                 | • Viral hemorrhagic fever (VHF), including Ebola virus disease, Lassa fever, Marburg hemorrhagic fever, and Crimean-Congo hemorrhagic fever. |
| • Botulism, foodborne.                 | • Meningococcal disease.   | • Severe acute respiratory syndrome (SARS). |  |
| • Cholera.                             | • Middle East Respiratory. | • Smallpox.                                 |  |
| • Diphtheria.                          | • Syndrome (MERS).         | • Tularemia.                                |  |
| • Influenza A – novel virus infection. | • Plague.                  |   |  |
|  | • Rabies, human.           |   |  |

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Additional rapid notification to Infection Prevention (Pager 330-971-4010) must occur for patients suspected to have Creutzfeld-Jacobs Disease (Test 14-3-3), Francisella, or Brucellosis.

# Personal Responsibility

**All healthcare workers have responsibility for infection prevention:**

1. Be constantly aware of the potential for transmission of infection.
2. Follow all policies, processes and best practices.
3. Do not eat or drink in patient care areas. Use approved break rooms and hydration stations.
4. Keep the immediate environment clean.
5. Stay home from work if you are sick.
6. Wash/sanitize your hands.
7. If you have any questions, please reach out.



# Use of Restraints or Seclusion

Our organization is committed to preventing the need for restraint use and to raising awareness about how use of restraints may be experienced by patients. We reduce our use of restraints by:

- Early assessment, including obtaining information which may minimize risk of restraint use and documenting “at risk” factors associated with using restraints (ex. patients diagnosed with delirium, dementia, changes in mental status, or opioid/medication/alcohol withdrawal).
- Use of less restrictive interventions designed to prevent crisis and emergent situations in which the patient may harm self or others.
- Use of clinically appropriate alternatives to restraints.
- Involve the patient's family/caregivers whenever possible.
- Discontinue restraints as soon as possible.

# Use of Restraints or Seclusion

When restraint is required, the patient/family, nursing and medical staff work together to ensure the patient's health, safety, well-being, and dignity are preserved. Care is taken to use only the amount of control necessary to de-escalate a physically acting out patient or to preserve treatment interventions. The discontinuation of restraints shall be as soon as possible and is the responsibility of the patient's registered nurse.

Restraints may only be initiated by a cooperative/collaborative effort between nursing and medical staff. Restraints are used only when there is an imminent risk of a patient harming themselves or others and by interrupting necessary care treatment.

Patients are not restrained unless other alternatives to treat the patient are unsuccessful or clinically inappropriate, and restraint use will protect the health and safety of the patient, other patients, and/or hospital staff. Restraints may be used to maintain medical treatment essential to the recovery of the patient.



# Use of Restraints or Seclusion

If restraints are needed, staff should take care to have sufficient assistance on hand to decrease any danger during application of restraints. The discontinuation of restraints shall be as soon as possible and is the responsibility of the patient's registered nurse.

Under no circumstances shall any of the following restraint techniques be used:

- Face down restraint with back pressure.
  - Any technique that obstructs the airway or impairs breathing.
  - Any technique that obstructs vision.
  - Any technique that restricts the person's ability to communicate.
  - Weapons or law enforcement restraint devices as defined by CMS, used by **hospital staff or hospital-employed security** or law enforcement in restraint/seclusion of a *non-forensic* patient.
- Note:** Patients in forensic police custody are not restricted by this mandate.

# Use of Restraints or Seclusion

## Restraint Orders

- **Initial Application of Non-violent Non-self-destructive restraints:**
  - Restraints are applied upon the order of a physician or an advanced practice provider (APP) with restraint privileges.
  - If the physician/APP is not available to issue an order in an emergent situation, a registered nurse may initiate restraint use based on an assessment of the patient. In such case, the physician must be notified as soon as possible after the initiation of restraint and an order obtained and entered into the patient's medical record as soon as possible. Order must be signed within a calendar day of the initiation of the restraint.
  - Restraint orders will include the date and time, the type and location of the restraint, the reason for restraining, and the maximum time the patient is to remain restrained, if it is less than one calendar day.

# Use of Restraints or Seclusion

## Restraint Orders

- **Continuation of Orders of Non-violent Non-self-destructive restraints:**
  - For Non-violent restraints, the order is good throughout the duration of the restraint episode. If moved other than for direct care at the bedside, a new order will be required to reapply continued use of the restraint.

# Use of Restraints or Seclusion for Violent Behaviors

- **Initial Application of Violent Self-destructive Restraints:**
  - Protective Services is notified and/or a Code Violet is called, if applicable. On sites where Protective Services is not available and there is a violent or potentially violent situation, call 911 for assistance.
  - In these emergency application situations, if the provider is not available to issue an order, physical restraints can be initiated by a registered nurse based on appropriate assessment of the patient. The order must be obtained either during the emergency application or as soon as possible after the restraint has been applied.
  - The physician/APP evaluates patient in-person **within one (1) hour of application** of restraints and documents the face-to-face evaluation on the *Restraint/Seclusion Face-to-Face Progress Note*. There are trained RNs on the Behavioral Health units who are able to complete a face-to-face evaluation as well; this is not available on the non-behavioral health units. If a patient restrained for aggression and/or violence quickly recovers and is released before the physician/APP arrives to perform assessment, the physician/APP must still see patient face-to-face to perform assessment within one (1) hour after initiation of the intervention (including physical holds).
  - Each written order for a physical restraint will be limited to four (4) hours for patients ages eighteen (18) and older; two (2) hours for children ages nine to seventeen (9 - 17); and one (1) hour for children under the age of nine (9). The patient will be released at the earliest possible time.

# Use of Restraints or Seclusion for Violent Behaviors

## Restraint Orders

- **Continuation of Orders of Violent Self-destructive restraints:**
  - If the behavior which necessitated restraint continues beyond original order period, a new order is required every four (4) hours for adults ages eighteen (18) and older; two (2) hours for patients ages nine to seventeen (9 - 17); and one (1) hour for patients under age nine (9).
  - The physician/credentialed APP is required to conduct an in-person reevaluation at least every eight (8) hours for patients eighteen (18) and older; four (4) hours for patients ages nine to seventeen (9 - 17); and one (1) hour for patients under age nine (9).

# Use of Restraints or Seclusion for Violent Behaviors

**NOTE:** A patient's movement may need to be restricted in specifically prescribed situations. Written orders for restraints are not needed in these situations: Standard practices including limitation of mobility or temporary restraint for medical, surgical, dental, diagnostic procedures or related post-procedure care.

- Adaptive support for assessed patient need (i.e. postural support, orthopedic appliances) or protective devices (i.e. helmets, side rails).
- Forensic or correction restrictions used for security purposes by law enforcement personnel.

**Seclusion:** Seclusion is the involuntary confinement of a patient alone in a room where the patient is physically prevented from leaving. Seclusion is used only for management of violent or self-destructive behavior which jeopardizes the immediate physical safety of the patient, a staff member or others.

**Seclusion is ONLY used on Behavioral Health Units.**

# Pain Management

## Patient Rights

Summa Health System respects the patient's right to effective pain management and involvement in their care. It is the policy of our organization to:

- Conduct an appropriate assessment and/or reassessment of a patient's pain consistent with the scope of care, treatment, and service provided in the specific care setting in which the patient is being managed.
- Require that methods used to assess a patient's pain are consistent with the patient's age, condition, and ability to understand.
- Assess the patient's response to care, treatment, and service implemented to address pain.
- Treat the patient's pain or refer the patient for treatment.



# Pain Management

## **Treatment of Pain:**

In general, inpatients shall receive treatment for any active pain issue (acute or chronic) when intensity exceeds their acceptable level. Treatment shall be consistent with the patient's clinical presentation and objective findings. The treatment modality selected shall be appropriate for the patient's needs. Treatment is to be provided in a timely manner.

## **Patient Refusal of Pain Management:**

Patients have the right to refuse pain management in any care setting. Such refusal should be documented in the patient's medical record.

## **Decision Not to Treat Pain:**

If a decision is made not to treat a patient's pain and/or refer the patient for treatment, then the clinical justification for that decision should be documented in the patient's medical record.



# Anticoagulation Therapy

It is the policy of Summa Health System to reduce the likelihood of patient harm associated with the use of anticoagulant therapy. The institutions have set standards for monitoring and evaluating patients receiving anticoagulation therapy in order to positively impact the safety of patients receiving this class of medications. The following are included:

- A standardized protocol, based on institutional laboratory values, has been established for intravenous heparin therapy.
- Where appropriate, patient's laboratory values will be monitored while on anticoagulant therapy, including a baseline and current INR for patients on warfarin.
- Authoritative resources shall be used in managing potential food/drug interactions.
- Pharmacy will review orders for anticoagulant therapy against normative and patient specific information regarding indications for use, dosage, route, frequency, contraindications, duplicative therapy, and drug/drug interactions. Issues or concerns will be brought to the attention of the prescriber for appropriate resolution (unless in emergent situations) before the medication is dispensed.

Patient/Family education includes the importance of follow-up monitoring and compliance with therapy, drug and food interactions, and the potential for adverse reactions and interactions.

# Downtime Procedure for Electronic Documentation

The Hospital's Information and Technology Department has a recommended process for maintaining documentation when there is either an interruption in power or an information system component.

Each Hospital department should have a downtime policy and ensure that employees are familiar with that policy. The plan includes the use of downtime forms created to facilitate paper documentation until systems can be restored.

The forms are located on Summa@Work and accessible by the staff.

Information regarding the status of the electronic systems will be communicated should an outage occur. Refer to Department or Unit leader for assistance.

# Physician/Practitioner Impairment

Practitioner impairment is a serious issue. The following may be signs that you or a colleague is impaired.

## Personal

- Deteriorating personal hygiene (e.g. over-use of cologne or mouthwash, disheveled appearance).
- Multiple physical complaints.
- Personality and behavioral changes (moods swings, emotional crises, irritability, loss of compassion).
- Physical symptoms (blackouts, sweating, tremors).
- Preoccupation with mood-altering agents (hiding or protecting supply, using more than intended).

## Friends and Community

- Personal isolation
- Embarrassing behavior
- Legal problems (e.g. drunken driving, speeding tickets)
- Neglect of social commitments
- Unpredictable, out of character behavior, such as inappropriate spending

# Physician/Practitioner Impairment

## Professional

- Change in work pattern (more or less hours), or disorganized scheduling
- Frequent “breaks” or absence
- Inaccessibility to patients and staff
- Excessive drug use (samples, prescriptions, etc.)
- Complaints by patients regarding physician’s behavior
- Alcohol on breath
- Rounding at inappropriate times
- Deteriorating relationship with staff, patients, and/or colleagues
- Deteriorating performance

If you suspect that a colleague may be impaired, it’s important that he or she gets the help they need. The medical staff has established avenues where practitioners can seek assistance in a safe and confidential way. Refer to the Medical Staff Bylaws and Policies and Procedures for further information or contact the Chief Medical Officer or their designee.

# Disruptive Behavior

Disruptive conduct by a member of the Medical Staff is behavior which adversely impacts on the quality of patient care and includes verbal or physical abuse, sexual harassment, and/or threatening or intimidating behavior toward a colleague, team member, or patient/visitor.

This type of conduct will not be tolerated.

A report should be submitted directly to the Chief Medical Officer or their designee.

Refer to the Medical Staff Bylaws for additional information on Disruptive Behavior.

# HIPAA Overview

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its regulations (the “Privacy Rule” and the “Security Rule”) protect the privacy of an individual’s health information and govern the way certain health care providers and benefit plans collect, maintain, use and disclose protected health information (“PHI”).

As health care providers, Summa Health must follow the Privacy and Security Rules. Summa Health forms an affiliated covered entity under HIPAA. All members of the workforce and our business associates, including employees, researchers, volunteers, consultants, physicians and board members, must comply with HIPAA, the Privacy and Security Rules and the Summa Health policies.

“Reasonable measures” is another important element in HIPAA. When a doctor comes out from surgery to speak with the patient’s family, if the doctor takes a few steps away from other people and lowers his/her voice to speak with the patient’s family, he/she has taken “reasonable measures” to protect the patient’s information and that is acceptable.



# I'm 4 Safety

Summa Health System is committed to creating a patient safety culture of high reliability that encourages identifying and reporting errors and implementing remedial action to prevent recurrence through education, systems re-design or process improvement. To that end, the Patient Safety Plan is designed to promote and improve the safety of patients, visitors, volunteers, healthcare workers, trainees and Medical Staff in all aspects of Hospitals' operations and as a component of newly designed and redesigned activities. The organization-wide patient safety program is intended to reduce medical/health system errors and hazardous conditions by utilizing continuous improvement to support an organizational safety climate as part of an ongoing, proactive effort in response to potential or actual occurrences. Using lessons learned from High Reliability Organizations (HRO), the patient safety program works to embrace the concepts from these industries: a preoccupation with failure and a reluctance to simplify.



# I'm 4 Safety

The underlying theme of patient safety education relates to 4 Key Behaviors and Strategies adopted by Summa Health System that are crucial to the Hospital's commitment to creating a patient safety culture of high reliability:

- Practice with a Questioning Attitude
- Communicate Clearly
- Focus on the Task
- Support Each Other



# Diagnostic Errors

Diagnostic errors in healthcare are multifactorial and pervasive and include missed, delayed, or wrong diagnoses due to cognitive bias, communication failures, and EMR system breakdowns. They harm hundreds of thousands of Americans annually.

Common examples include:

- Stroke masked as a migraine
- Cancer misdiagnoses
- Failure to communicate test results.

Summa is taking actions to identify the causes and improve processes to decrease diagnostic errors. These actions include using closed loop communication, peer review, clinician training, and enhancements in the EMR but **we can only identify and improve with your assistance in reporting.**

## REFERENCES

- CDC Guidelines for Managing Multi-Drug Resistant Organisms
- CDC Guidelines for the Prevention of Intravascular Catheter Related Infection - CDC  
Guidelines for the Prevention of Surgical Site Infections
- The Joint Commission Standards  
Summa Pain Management Policy
- WHO Hand Hygiene Recommendations  
Summa Safety Policy
- Summa Infection Policy  
Summa Patient Safety Plan
- Summa Health System Medical Staff Bylaws and Policies and Procedures

Thank you