SUMMA HEALTH SYSTEM

ACCREDITATION / JOINT COMMISSION

MEDICAL STAFF EDUCATION PACKET

Introduction

- Summa Health System is accredited by The Joint Commission (TJC) – a non-profit organization that sets minimum standards for quality and safety in healthcare organizations. TJC is also a deemed-status agency authorized by the federal government to certify healthcare organizations as meeting Medicare Conditions of Participation.

- TJC 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, 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 The 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 unusual occurrence report in the on-line reporting system called SafeCare our on-line 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.

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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 Harrassment

Physical Assault

Abusive Language

Sexual Harrassment

Destruction of Property

Threats of Harm

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

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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 Chief Medical Officer

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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"

<u>DO NOT GO</u> 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 "**<u>ALL CLEAR</u>**" 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.

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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 spill larger than an incident spill, which by definition are 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.

Standard and Transmission Based Precautions

Standard Precautions involve washing hands before and after patient contact, whether or not gloves are worn. They involve wearing clean gloves when touching blood, body fluids, and contaminated items, as well as a clean, non-sterile gown and a mask, eye protection or face shield in the likely event of splashes or sprays. Soiled equipment and linen are carefully handled to prevent injuries from used equipment. These measures are the minimum infection prevention practice applying to all patient care, regardless of the healthcare setting or whether a patient is known or suspected to carry disease.

Transmission-Based Precautions are the second tier of basic infection control and are to be 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. They are classified based on the route of transmission. See the Infection Prevention and Control Manual on Summa@Work for a list of infection and the type of precautions needed. More than one type of precautions may be necessary based on the disease and routes of transmission.

Transmission Based Precautions

Type of Isolation	Signage Color	Specific Precautions
Contact	**Blue**	Gloves must be worn and disposed of before exiting of care environment, gown when contamination from blood or body fluids is expected, hand hygiene before and after contact or entry into patients care environment; Private room recommended; dedicated equipment. Clean sheet on patient during transport.
Enhanced Contact	**Yellow**	Gloves and gowns must be worn and disposed of before exiting of care environment; hand hygiene before and after contact or entry into patients care environment – hands are washed with SOAP AND WATER for 20 seconds; Private room recommended; dedicated equipment; visitor limitation. Disinfection of items with bleach (1:10 dilution) or wipes.
Airborne	**Grey**	Use of fit tested N-95 respirator or PAPR, eye protection, and gloves; Private room with Airborne Infection Isolation (Negative Pressure) required with the door closed. Hand hygiene before and after contact or entry into patients care environment; Isolation mask on patient for transport out of room.
Droplet	**Green**	Isolation masks/face shield/goggles when working within 3 feet of patient. Hand hygiene before and after contact or entry into patients care environment; Private room recommended; Isolation mask on patient during transport.
Droplet Plus	**Blue/Green**	Isolation masks/faceshield/goggles for patient care; Fit tested N-95 mask or PAPR, eyewear protection, gown and gloves. Hand hygiene before and after contact or entry into patients care environment; Private room recommended with the door closed; isolation mask on patient during transport.

Isolation

All personnel are responsible for complying with precaution and isolation policies. Each member of the health-care team plays an integral part in the attempt to prevent the spread of infection; only when strict adherence to procedure is followed will there be an effect on the prevention and control of the spread of infection. An isolation sign "STOP" and the type of precaution will be hung on the patients' door. The table lists the various types of transmission based precautions used in addition to Standard Precautions for patients with known or suspected infections.
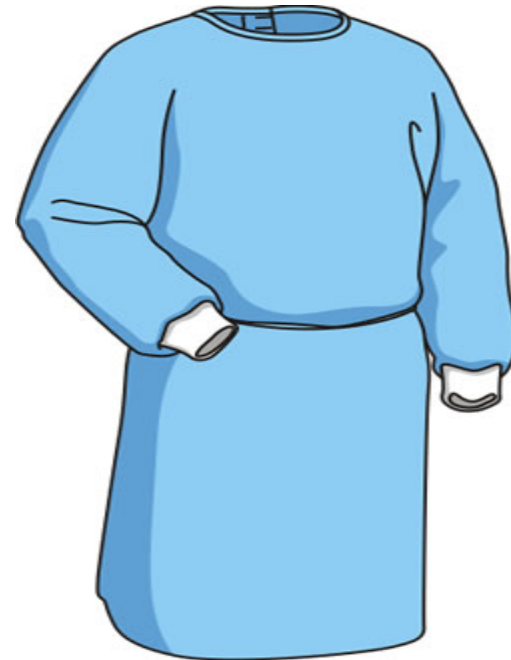
Multi–Drug Resistant Organisms - MRDO

- MDRO's present a unique and growing challenge to healthcare providers and institutions. MDRO's can be spread person to person and are usually spread by hand contact with another person. Touching objects which contain organisms can also spread the organisms. Organisms can live on hard surfaces and hands for a long time. To effectively reduce the risk of transmitting or acquiring an infection the following measures should be practiced:
- Proper Hand Washing Techniques – adhere to the appropriate CDC recommendations for hand hygiene.
- Patient Placement –Patients should be placed in a private room according to their treatment needs.
- Precautions and PPE - Patients being tested for communicable diseases should be placed on precautions specific to the suspected disease. Patients should be placed on contact, droplet or airborne isolation as appropriate. Gloves, gowns and masks should be worn as appropriate to the specific MDRO being treated. Consult the Infection Prevention and Control Department for questions or concerns.

Multi–Drug Resistant Organisms - MRDO

- <u>Environmental Measures</u>- the CDC recommends the proper cleaning and disinfecting of surfaces and equipment that may be contaminated with pathogens, including those that are in close proximity to the patient and frequently touched surfaces in the patient area.

- <u>Use of Antibiotics</u> - the appropriate and prudent use of antibiotics is a key component in controlling MDRO. The CDC provides guidance for judicious use of antimicrobials and tools for implementation.

- <u>Patient Transport</u> – Treatments and procedures should be performed bedside whenever possible. If essential tests must be performed in another area, the testing department should be notified that the patient has an MDRO prior to transport.

- <u>Education</u>- Patients, families and visitors must be educated about MDROs and necessary precautions and their own potential for colonization.

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Hand Hygiene

- Handwashing with soap and water remains a sensible strategy for hand hygiene in non-health care settings and is recommended by CDC and other experts.

- When health care personnel's hands are visibly soiled, they should wash with soap and water.

- The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70 percent to 80 percent, prevent cross-contamination and protect patients and health care personnel from infection. Hand rubs should be used before and after each patient just as gloves should be changed before and after each patient

- 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).

Hand Hygiene

In addition to "Clean in-Clean out", other CDC indications for Hand Hygiene:

- Decontaminate hands before having direct contact with patients

- Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter

- Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure

- Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient)

Hand Hygiene

In addition to "Clean in-Clean out", other CDC indications for Hand Hygiene:

- Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled

- Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care

- Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient

- Decontaminate hands after removing gloves

- Before eating and after using a restroom, wash hands with soap and water

- Reference: CDC Hand Hygiene Guidelines https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

OSHA Goals

- The goal is reducing and eliminating occupational exposure to blood thru:

  - Standard precautions - an approach to infection control where all human blood and certain human body fluids are treated as if they are known to be infected by HIV, HBV, HCV, and other blood borne pathogens. The Centers for Disease Control and Prevention (CDC) and Summa Health System have numerous resources regarding proper infection control practices. Documents are available from CDC at www.cdc.gov and Summa on Summa@Work.

  - Engineering and work practice controls must be used to eliminate or minimize employee exposure. Where occupational exposure remains after the institution of these controls, personal protective equipment must also be used.

  - Housekeeping ensures that a worksite is maintained in a clean and sanitary condition.

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

Other Work Practice Controls

Reduce the likelihood of exposure by altering the manner in which a task is performed.

- Safely handling sharps.

- Correctly disposing of waste.

- Good personal habits.

- Decontamination, Sterilizing equipment, and areas.

- No food or drink in certain areas (clinical).

OSHA-Engineering Controls

These are devices that isolate or remove the Blood borne hazard from the workplace.

- Hand washing facilities
    - Soap and water
    - Alcohol-based hand rubs

- Sharps containers
    - Replace when ¾ full

Engineering Controls-Biohazard Labels

Biohazards: Infectious pathogen that could potentially harm an individual. Biohazards labels required on:

- Containers of regulated waste

- Refrigerators and freezers containing blood or other infectious material

- Containers used to store, transport, or ship blood or other potentially infectious material

Needles and Sharps Disposal

- Contaminated Needles and sharps shall not be purposely bent or broken.

- Manual recapping prohibited unless there is no other feasible method.

- Following use, discard immediately in the red or appropriate container containing the biohazard symbol located in several convenient areas.

- Clean needles and syringes placed in needle disposal system (Pharmacy law)

- Needleless system in place

- No manual recapping, unless no other alternative available

Exposure Control

What is a contaminated injury ?

- Needle sticks, scalpels wounds, any puncture wound, direct mucous membrane contact with body fluids containing blood, human bites that break the skin - Wound to skin (needle stick): clean area with soap & water or Splash to eye, mucous membrane: irrigate with copious amounts of water

- All contaminated injuries to report to Employee Health or after hours to the Emergency Room for evaluation asap or within 2 hours

- Follow-up with Employee Health necessary to evaluate the source

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

Preventing Infections

- It is the policy of Summa Health System to implement practices consistent with evidence-based standards of care to reduce the risk of infections.

- A **bundle** is a grouping of best practices that have been individually proven to improve quality in an area and will be incorporated in day-to-day activities to prevent the spread of infection.

- Bundles are evidence-based protocols and practices that have been tried and tested to improve outcomes. They are not theory.

- **Care Bundles** are groupings of best practices with respect to a disease process that individually improve care, but when applied together result in substantially greater improvement. Care bundles exist for Preventing Ventilator Associated Pneumonia, Prevention of Central Line Infections and Preventing Urinary Catheter Infections.

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/fungemia
- Febrile neutropenia
- Endocarditis
- Sepsis/Septic Shock
- Septic Arthritis
- Meningitis
- Osteomyelitis
- Epidural abscess
- Peritonitis
- IV drug abuse
- Ventriculoatrial shunt
- ICU Patient with the following:
  - Pneumonia
  - Cellulitis
  - Skin/soft tissue infection
  - Necrotizing fasciitis
- Fever of unknown origin (temp > 100.4°F lasting > 3 weeks)

Order Blood Cultures if patient meets TWO or more of the following criteria:

- Temperature ≥ 100.4°F
- Immunosuppression
- Infected indwelling vascular catheter
- Systolic BP < 90mmHg
- WBC > 18,000 c/mm³
- WBC < 4,000 c/mm³
- Platelets < 150,000 c/mm³
- Chills
- Age > 65
- Creatinine > 2.0 mg/dL

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.

DO NOT Order Blood Cultures for the following:

- Increased WBC count alone
- Suspected viral infection
- Known source of infection and patient is clinically improving
- If blood cultures have been collected in the previous 72 hours without clear clinical change
- No concern for new infection
- Repeat blood cultures on patient with Gram negative bacteremia due to simple or uncomplicated urinary source

Repeat/Follow-up Blood Culture Indications:

- Known or suspected endocarditis
- Staph aureus bacteremia
- Staph. lugdunesis bacteremia
- Candidemia
- Presence of fever, leukocytosis more than 72 hours or unknown source following initiation of pathogen directed therapy
- Known of suspected site of infection with limited antimicrobial penetration (abscess or joint space)
- Presumed source of infection in CNS (bacteremic meningitis)
- Presence of prosthetic vascular grafts, intravascular lines, or cardiac devices (pacemaker/AICD, VAD, IABP, or ECMO)

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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 that 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

Guidelines: Asymptomatic Bacteriuria versus Urinary Tract Infection Pathway

To prevent unnecessary urine cultures, please follow the algorithm below:
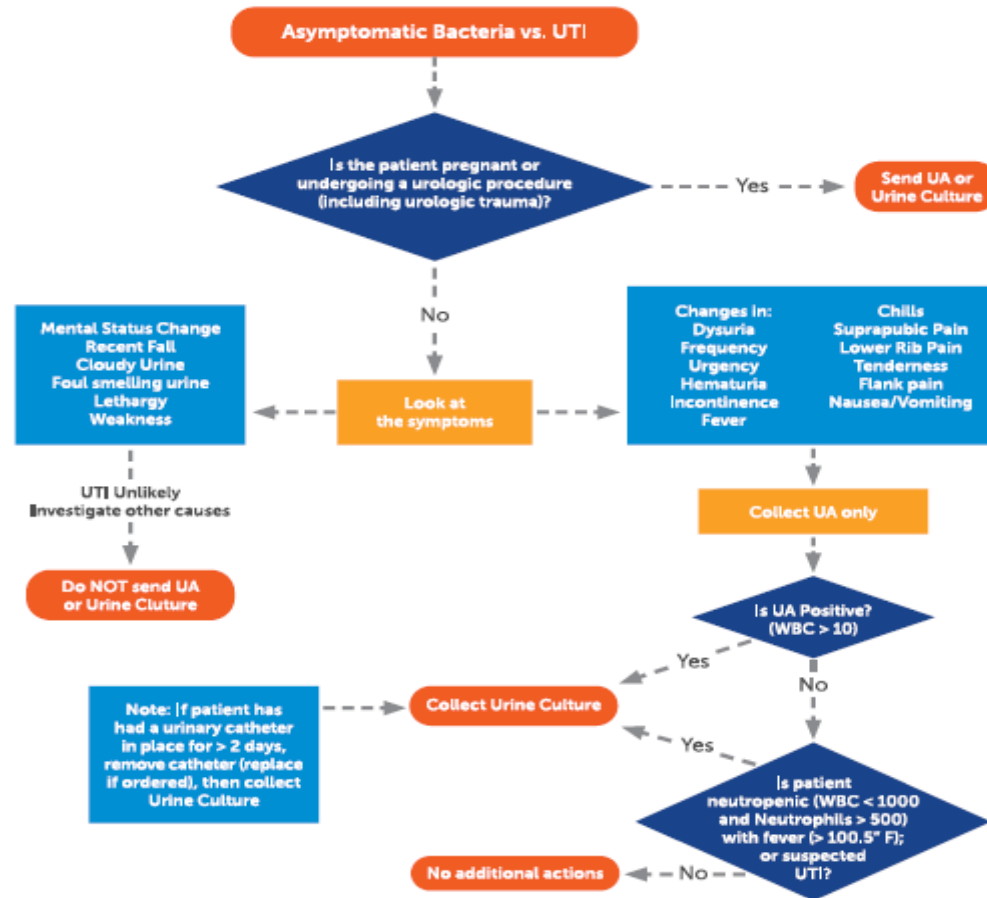
Preventing Surgical Site Infections (SSI)

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).

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Preventing Hospital associated Clostridium difficile

The majority of Summa hospital associated Clostridium difficile can be attributed to inappropriate ordering. Do not test for cure.

ONLY place C-diff order if patient is within 3 days of admission **OR if all four of the following are met:**

1) New onset stool liquid and/or watery.
2) Liquid and/or watery stools > 3 separately documented in last 24 hours.
3) No confounding medications initiated within 72 hours (**stool softeners, laxatives, enemas, lactulose, tube feedings, oral contrast, or bowel prep).**
4) **New** onset symptoms (either T >=38.1, nausea, vomiting, abdominal pain or new onset leukocytosis).

If the above criteria is not met, please consider other causes of diarrhea.

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
  - Zika virus infection
  - Other arthropod-borne diseases
- Babesiosis
- Botulism
  - infant
  - wound
- Brucellosis
- 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
- Giardiasis
- Gonorrhea *(Neisseria gonorrhoeae)*
- *Haemophilus influenzae* (invasive disease)
- Hantavirus
- Hemolytic uremic syndrome (HUS)
- 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
- Pertussis
- Poliomyelitis (including vaccine-associated cases)
- Psittacosis
- Q fever
- Rubella (congenital)
- *Salmonella* Paratyphi infection
- *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
- Toxic shock syndrome (TSS)
- Trichinellosis
- Tuberculosis (TB), including multi-drug resistant tuberculosis (MDR-TB)
- Varicella
- Vibriosis
- Yersiniosis

Class C:

Report an outbreak, unusual incident or epidemic of other diseases (e.g. histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day.

Outbreaks:
- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic

NOTE:

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, all CD4 T-lymphocyte counts and all tests used to diagnose HIV must be reported on forms and in a manner prescribed by the Director.

Ohio | Department of Health

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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
- 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.

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.

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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.
  <u>**Note**</u>: 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, 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 ere moved other than for direct care at the bedside, a new order will be required to reapply. continued use of the restraint.

- **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.

Use of Restraints or Seclusion

Restraint Orders

- 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*. 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.

- 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

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 patents 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

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.

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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 Vice President of Medical/Surgical Affairs 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 Vice President of Medical/Surgical Affairs 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 voice to speak with the patient's family he has taken "reasonable measures"
to protect the patient's information and
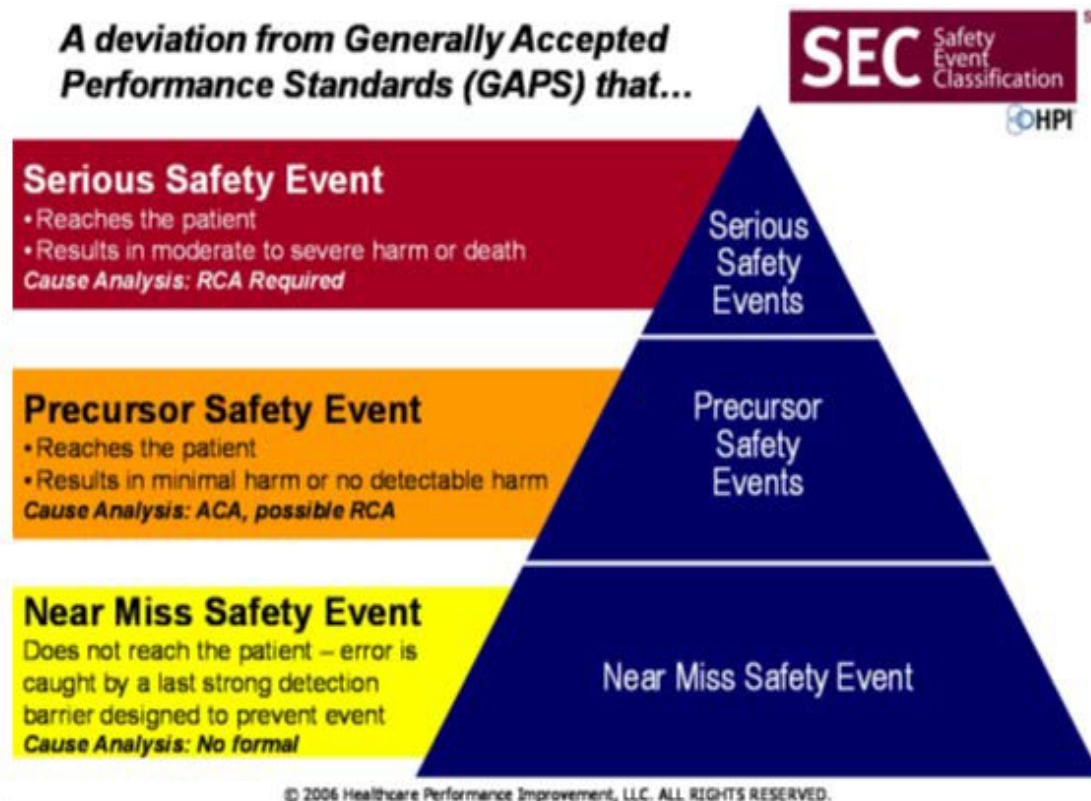that is acceptable.

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

A deviation from Generally Accepted Performance Standards (GAPS) that...

SEC Safety Event Classification [SM]
◇HPI

Serious Safety Event
- Reaches the patient
- Results in moderate to severe harm or death
Cause Analysis: RCA Required

Precursor Safety Event
- Reaches the patient
- Results in minimal harm or no detectable harm
Cause Analysis: ACA, possible RCA

Near Miss Safety Event
Does not reach the patient – error is caught by a last strong detection barrier designed to prevent event
Cause Analysis: No formal

Serious Safety Events

Precursor Safety Events

Near Miss Safety Event

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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

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