



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, licensed independent practitioners, 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.
- 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 Quality Assurance, 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 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.

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



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” (Cont’d)

“**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” (Cont’d)

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.

“CODE VIOLET”: Combative patient, assistance needed

“CODE YELLOW”: This code 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.

EMERGENCY CODES AT SUMMA HEALTH SYSTEM (Cont'd)

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 PRECAUTIONS

STANDARD PRECAUTIONS applies to **all** patients receiving care, regardless of their diagnosis or presumed infectious status. Standard Precautions apply to (1) blood; (2) all body fluid, secretions, except sweat, regardless of whether or not they contain visible blood; (3) non-intact skin, and; (4) mucous membranes. Standard precautions include Universal Precautions.

TRANSMISSION-BASED PRECAUTIONS applies to patients who have or are suspected of having certain highly contagious diseases. They are classified based on the route of transmission. See the Infection Control Manual on Summa@Work for a list of infections and the type of precautions needed. More than one type of precautions may be necessary based on the disease and routes of transmission.

STANDARD PRECAUTIONS (Cont'd)

Standard precautions are to be taken with any patient to prevent the spread of infection. Occupational Health and Safety Administration (OSHA) Blood Borne Pathogen Policy applies to all staff and physicians. It includes correctly using PPE, sharps containers, etc.

Standard precautions consist of the following:

- Perform hand hygiene before and after contact with patient or patient's environment.
- Wear personal protective equipment to prevent contact with blood or body fluids. Remove and dispose when exiting patient care, lastly perform hand hygiene.
- Do not bend, break or manipulate needles or other sharps.
- Dispose of sharps including needles, scalpels, broken glass, and other sharp objects in leak-proof, puncture resistant containers near point of use.
- Respiratory hygiene and cover your cough etiquette.



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.

ISOLATION (Cont'd)

Type of Isolation	Signage Color	Specific Precautions
Contact	Blue	Gloves and gown must be worn and disposed of before exiting of care environment; hand hygiene before and after contact or entry into patients care environment; Private room recommended; dedicated equipment.
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 to washed with SOAP AND WATER for 15 seconds; Private room recommended; dedicated equipment; visitor limitation. Disinfection of items with bleach (1:10 dilution).
Airborne	Grey	Use of fit tested N-95 respirator or PAPR and gloves; Private room with Airborne Infection Isolation (Negative Pressure) required; with 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/ 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.
Enhanced Droplet	White	Isolation masks and goggles for patient care; Use of fit tested N-95 respirator for aerosol-generating procedures; hand hygiene before and after contact or entry into patients care environment; Private room recommended; isolation mask on patient during transport.

ANNUAL FLU VACCINATION

Patient and employee safety is of the utmost importance at Summa Health System. Our ability to deliver on our mission – to provide the highest quality, compassionate care to patients and members – is dependent upon an environment that is as safe, healthy and as disease-free as possible. Seasonal flu is one of the more difficult viruses to control and manage, especially in a hospital setting. Vaccination is one of the most effective ways to decrease the chances of contracting the illness.

The System Policy deadline for influenza vaccination will be communicated each year. Physicians will be asked to submit documentation or attest that they have received the influenza vaccine or submit documentation of a recognized medical contraindication. Failure to meet the requirements may result in the suspension of clinical privileges for the duration of the influenza season or until vaccination is received.



HAND HYGIENE

Washing your hands is the single most effective way of preventing the spread of infection among staff and patients. Summa adheres to the Centers for Disease Control (CDC) recommendations for good hand hygiene.

Hand hygiene must be performed:

- Before and after direct contact with patients
- After contact with body fluids, excretions, mucous membranes, non-intact skin and wound dressings
- Before inserting indwelling catheters or other invasive devices
- Before wearing sterile gloves when inserting a central intravascular device
- When moving from contaminated body site to clean body site
- After contact with equipment
- After removing gloves

HAND HYGIENE (Cont'd)

Summa Health System does conduct hand hygiene audits on all healthcare personnel.

Alcohol-based waterless hand cleanser can be used between patient care tasks when hands are not visibly soiled/contaminated with blood or body fluid.

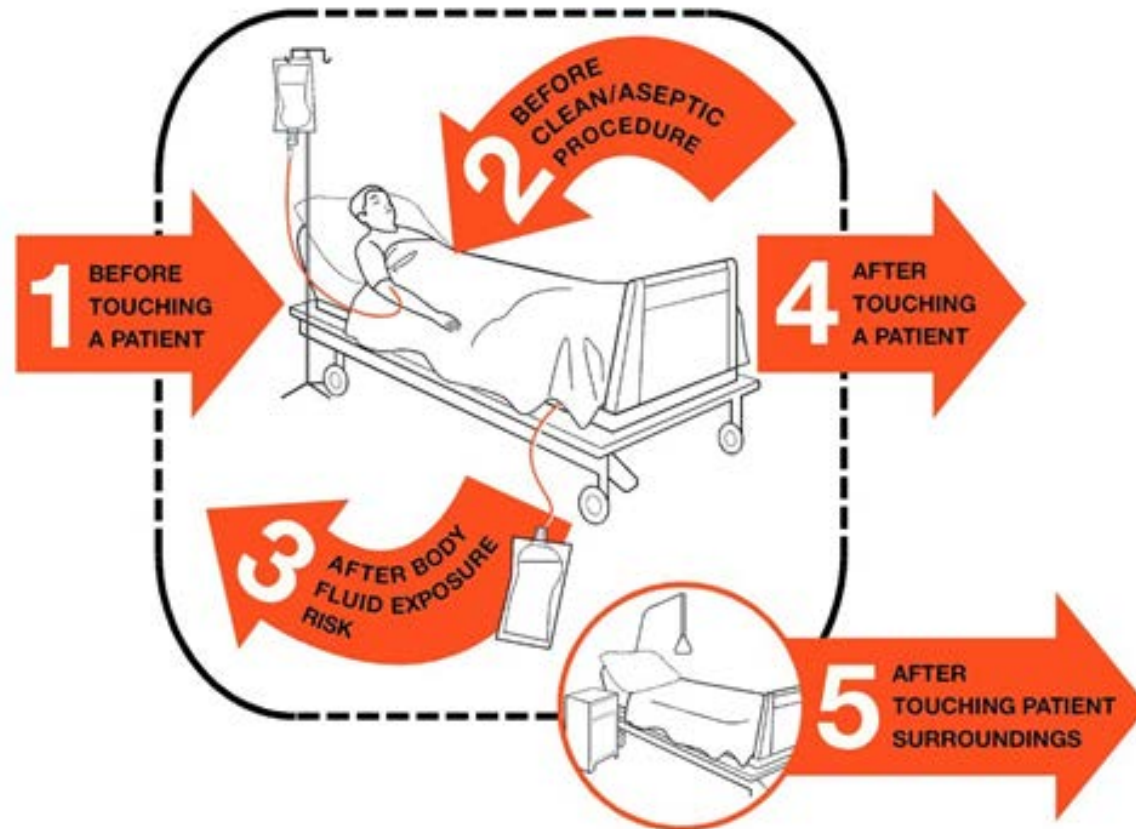
OSHA Blood Borne Pathogen Policy dictates that hands must be washed with soap and water after contact with blood/body fluid.

Hand washing with soap and water is required after contact with a patient with *Clostridium difficile* (C.diff) and/or their environment (no alcohol based waterless hand cleanser).



HAND HYGIENE (Cont'd)

Your 5 Moments for Hand Hygiene



HAND HYGIENE (Cont'd)

1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



**World Health
Organization**

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

MDRO - MULTI-DRUG RESISTENT ORGANISMS

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. www.cdc.gov/handhygiene
- Patient Placement –Patients should be placed in a private room according to their treatment needs.-Isolation
- 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.)
- Environmental Measures- 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. <http://cdc.gov/hai/>
- Use of Antibiotics - 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. <http://www.cdc.gov/getsmart/healthcare/>
- Patient Transport – 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.
- Education- Patients, families and visitors must be educated about MDROs and necessary precautions and their own potential for colonization.

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:

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

CENTRAL LINE INSERTION

Bundle includes:

1. Hand hygiene
2. Maximal barrier precautions
3. Chlorhexidine skin antisepsis
4. Optimal catheter site selection, with subclavian vein as the preferred site or non-tunneled catheters.
5. 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).

CATHETER ASSOCIATED URINARY TRACT INFECTION

CAUTI Bundle includes:

1. *Perform hand hygiene.*
2. Perform a **daily review** of the need for the urinary catheter.
3. Check the catheter has been continuously connected to the drainage system. Drainage bag must be kept lower than patient's bladder at all times.
4. Perform routine daily meatal hygiene
5. Regularly empty urinary drainage bags as separate procedures, each into a clean container.
6. All urinary catheters must be secured to decrease movement of catheter.

PREVENTING SURGICAL SITE INFECTIONS (SSI)

Bundle includes:

1. Appropriate use of antibiotics just prior to and during surgery.
2. Limited or minimal hair removal at the surgical site using clippers
3. Use of antimicrobial washes prior to surgery by patients.
4. Use of antiseptic scrub in the Operating Room, immediately prior to surgery.
5. 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).

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.

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.

USE OF RESTRAINTS OR SECLUSION (Cont'd)

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.

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 (Cont'd)

Restraint Orders

1. Initial Application of Non-violent Non-self-destructive restraints:

- a) Restraints are applied upon the order of a physician or an APP with restraint privileges
- b) 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 immediately of 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.
- c) 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.

2. Continuation of Orders of Non-violent Non-self-destructive restraints:

- a) If the restraint use continues to be clinically justified beyond the first calendar day or time-limited order, a physician/APP must authorize continued use of the restraint.
- b) An order is issued no less often than once each calendar day, and is based upon assessment of the patient by the physician/APP. Renewal 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 (Cont'd)

Restraint Orders (Cont'd)

3. Initial application of Violent Self-destructive restraints:

- a) 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.
- b) In these emergency application situations, the order must be obtained either during the emergency application of restraint or immediately (within a few minutes) after restraint has been applied.
- c) The physician/Credentialed 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/credentialed 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.
- d) 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 (Cont'd)

Restraint Orders (Cont'd)

4. Continuation of Orders of Violent Self-destructive restraints:

- a) 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).
- b) 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).

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.

1. Adaptive support for assessed patient need (i.e. postural support, orthopedic appliances) or protective devices (i.e. helmets, side rails).
2. 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 patients; right to effective pain management and involvement in their care. It is the policy of our organization to:

1. 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.
2. Require that methods used to assess a patient's pain are consistent with the patient's age, condition, and ability to understand.
3. Assess the patient's response to care, treatment, and service implemented to address pain.
4. Treat the patient's pain or refer the patient for treatment.

PAIN MANAGEMENT (Cont'd)

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 (Cont'd)

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.



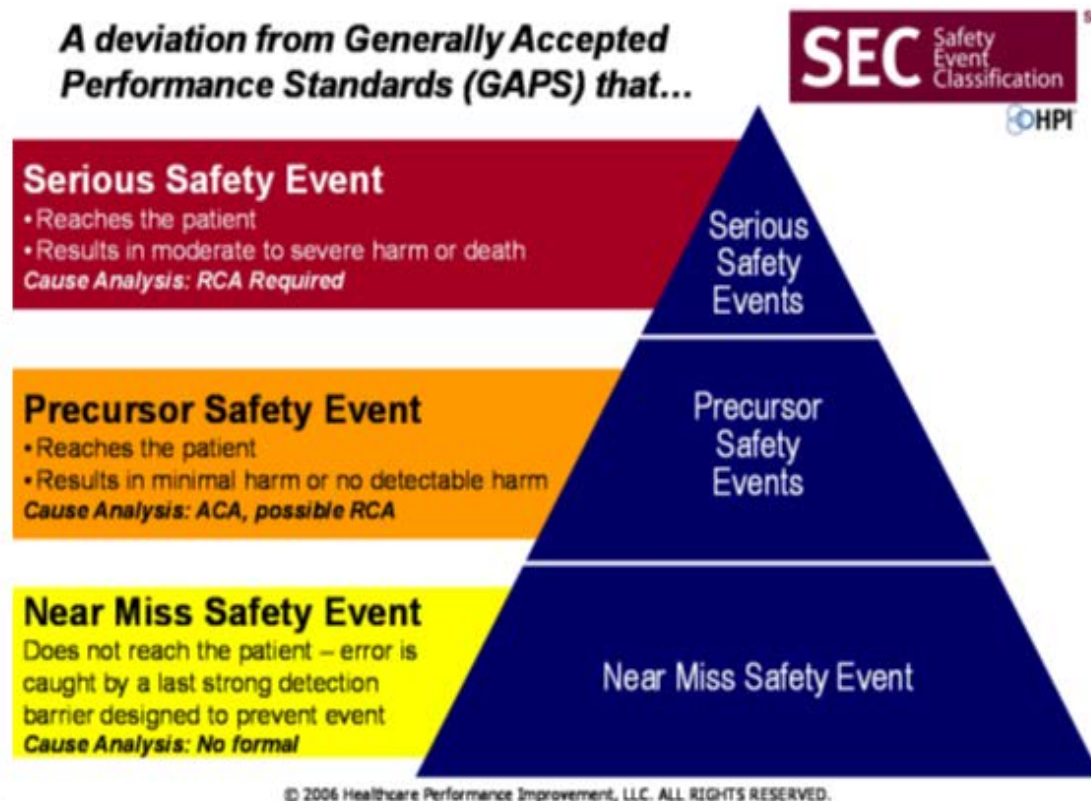
I'M 4 SAFETY

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 (Cont'd)

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

- a. Practice with a Questioning Attitude
- b. Communicate Clearly
- c. Focus on the Task
- d. Support Each Other



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