Annual Physician Review

Provider Focused Information

Reportable Events –

When equipment malfunctions, injuries occur, near misses, adverse drug reaction or failure to follow prescribed orders is identified, staff complete an electronic Reportable Event. Located on the T J Intranet is a Reportable Event link to report an event or near miss. Physicians are informed of events associated with patients in their care. Once reported, all events are reviewed and evaluated for opportunities for improvements in work environment or services from our facility. In addition, Adverse Drug Events are reviewed at Pharmacy and Therapeutic Meeting, which all medical staff are invited to attend.

Sentinel Events – A sentinel event is an

unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called sentinel because they signal the need for immediate investigation and response. The terms "sentinel event" and "medical error" are not synonymous, not all sentinel events occur because of an error and not all errors result in sentinel events. When an event occurs, key individuals which can include front line staff, quality management, risk management, leadership and medical staff are notified. This group reviews the event and completes a root cause analysis to identify any actions that can be put into place to prevent the reoccurrence of the event.

Our goal is to be transparent when events occur especially with those directly involved.

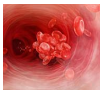
Exposure Events – Please

contact the Infection Prevention Nurse if you have an exposure (Andrea Purchis, BSN, RN, CIC @ 270-651-4546 or Heather Thompson, BSN, RN, CIC 270-651-4463). If one of the Infection Control Nurses are not available, the House Supervisor will assist in the process (651-4437). If the event is blood or body fluid exposure, you will be evaluated for any follow-up including post exposure prophylaxis if applicable.

Infection Prevention/ Control-

Multi Drug Resistant Organisms (MDRO) pose an increasing threat to the mortality of our patient populations. Once a patient is identified as positive or a carrier for MRSA, VRE, ESBL or other MDRO, the patient is flagged within our electronic medical record. Upon re-entry into our facility, the patient will be placed in precautions to reduce the risk of spreading the organism to other patients. MRSA will be rescreened to evaluate possible removal of precautions. C-Difficile is only placed in precautions with an acute illness or when symptomatic. Signage will be displayed on the patient door along with Personal Protective Equipment (PPE) to be utilized when coming in contact with the patient or inanimate objects in the patient room. If a caddy does not have needed supplies, please bring this to the attention of a member of the nursing staff. The use of hand sanitizers are appropriate between patient encounters other than spore organisms such as C-Diff, in which case soap and water is recommended between patient contacts. T J Samson Community Hospital follows the CDC Hand Hygiene guidelines. Compliance with these guidelines is monitored and reported to medical staff on a monthly basis. Organization wide, we have a goal of ≥90% compliance with hand hygiene.

Anticoagulation Safety



Use of hospital approved, evidence based medicine, and protocols for anticoagulation management are utilized. Prior to initiation of anticoagulation therapy, baseline coagulation status is assessed. Pharmacy Department can be utilized to manage the monitoring and dosing of daily anticoagulation therapy when ordered. *NOTE: baseline coagulation status can be assessed in a number of ways, including through a laboratory test or by identifying risk factors such as age, weight, bleeding tendency, and genetic factors documented in the medical record.* Patients are educated on the importance of follow-up monitoring, compliance with medication, drug and food interactions and the potential for adverse drug reaction and interactions.
Baseline (within 48hr of initiation) Laboratory Tests:
Warfarin: CBC, PT/INR
Novel oral anticoagulants: CBC, Serum Creatinine
Heparin: CBC and aPTT
LMWH and Factor Xa inhibitors: CBC and Serum Creatinine as clinically indicated

Medication Reconciliation

Upon entry into our facility, a complete list of current medications (both scheduled and prn basis) is obtained and documented in the medical record for physician review. The physician then compares and reconciles home medications into current medication orders. New medication orders must be written with each change in level of care while hospitalized (i.e. post-operatively, transfer from CCU to floor). Blanket orders can not be used. Written information on medications is provided for the patient at discharge. Patients are encouraged to share this discharge list with their provider during follow-up visit as well as every visit. Within the clinic settings, the home medication list is reviewed on every visit. The use of Computerized Physician Order Entry helps to meet the intent of these expectations

Slips, Trips and Falls- Annually injuries and deaths result in workplaces. Preventive measures include: Clear unobstructed egress routes, Use of non-skid strips in construction or work areas, Rugs with skid-resistant backing, Soft rubber soled shoes (high heels increase the risk), and Signage is utilized to increase awareness of wet floors, icy sidewalks. If you identify any risk, please communicate your concern.

Pain Management – Upon entry into the facility and at every patient handoff, including shift change, patients are assessed for pain levels using the patient appropriate scales of 0-10. Patients are reassessed after each intervention for effectiveness of the pain management as well as opioid sedation level when opioids are given. The High Risk or Obstructive Sleep Apnea patient, who is opioid naïve, is placed on cardiac monitoring which may include continuous oxygen saturation monitoring when opioids are a part of the plan of care. The physician will be informed of the patient's pain level and the need for orders to assist in the management of pain. When prescribing more than one medication to manage patient pain, parameters must be a part of the orders to identify when each medication is to be administered (i.e. Morphine 2mg IVSP every two hours as needed for pain 6-10; Tylenol #3 ii tablets P.O. as needed every six hours for pain 1-5). Orders without parameters will require clarification orders.

Restraints – Any device that restrict freedom of movement that is used to protect the immediate physical safety of the patient, staff, or others. The hospital does not use restraints for coercion, discipline, convenience or retaliation. The least restrictive device will be utilized when restraints are necessary. Non-Violent /Self-Destructive Restraint orders require new orders daily. Violent or Self - Destructive Behavior Restraint orders can not exceed 4 hours (age 18 or older), 2 hours (age 9-17) and 1 hour (< 9 years old). Physicians must complete a face to face assessment every 24 hours when a patient is in restraints. Verbal or Telephone orders for restraints must be authenticated on next visit (include date, time and signature). Nursing staff works with the patient and ordering physician to remove the restraint as soon as feasibly possible. In accordance with Centers for Medicare & Medicaid Services (CMS) the hospital will notify CMS of every death that occurs while a patient is in restraints or within 24 hours after the removal of the restraints, except soft wrist restraints.

Restraint orders must be updated daily, T.O. are authenticated on next visit.

CORE Measures

Quarterly T J Samson Community Hospital reports compliance with Evidence Based Medicine Guidelines on the following indicators to CMS and Joint Commission: Community Acquire Pneumonia (CAP), Heart Failure Care (HF), Acute Myocardial infarction (AMI), Surgical Care Improvement Project (SCIP), Immunizations (IMM), Perinatal Care (PC), Out Patient Measures (OP), Stroke Measures (STK), Venothromboembolism (VTE), and Emergency Department (ED). Score cards are posted in clinical areas and discussed at quarterly medical staff meetings. We benchmark our results with National Averages and color code results. When we meet or exceed the National Average, scores are displayed green. When we deviate up to 5% from the National Average, score display in Yellow. Scores displaying in red deviate greater than 5% from the National Average. Use of approved protocols assist in documenting the use of evidence based care. Individual Physician report cards are distributed quarterly and utilized as part of the Ongoing Professional Practice Evaluation (OPPE) of the medical staff. A list of patient documentation failing to meet the recommendations is available from the Medical Staff Services office upon request.

HCAHPS – Hospital Consumer Assessment of

Healthcare Provider Systems survey is a national, standardized, publicly reported survey of patients' perspectives of hospital care. Survey assess patient's perception of nurse and doctor communication, how responsive staff is to their needs, how well pain is managed, how well the patient understands their medications, discharge instructions and how to care for self at home. Additionally, the patient scores the hospital on cleanliness and how quiet it is at night. Finally the survey assesses an overall rating of the hospital and the willingness to recommend. This process allows collecting and publicly reporting information about patient experience of care that allowed valid comparisons to be made across hospitals locally, regionally and nationally. Recently these scores were updated to include the 1-5 star rating to match other publically reported scores (1=poor, 2= below average, 3 = average, 4 above average and 5= excellent). Our scorecards are posted in all the clinical areas as well as shared with medical staff quarterly meetings. The color coding is the same methodology as CORE Measures. Information is publically reported on Hospital Compare website: http://www.medicare.gov/hospitalcompare/search.html

Impaired Physician Any individual working in the organization has a reasonable suspicion that a physician appointed to the medical staff is impaired, the following steps are to be taken. Submit a written report to the Chief of Medical Staff and the CEO including a factual description of the incident that lead to the suspicion. Behaviors that may lead one to suspect impairment are the followings: *Late to appointments; increased absences; unknown whereabouts; Unusual rounding times, either very early or very late; Increase in patient complaints; Increased secrecy; Decrease in quality of care; careless medical decisions; Incorrect charting or writing of prescriptions; Increased conflicts with colleagues; Increased irritability and aggression; Smell of alcohol; overt intoxication; needle marks.* If after investigation, enough information is present to request an investigation, the CEO or Chief of Medical Staff will request an investigation. If the investigation produces enough evidence that the physician is impaired, the CEO will meet personally with the physician.

Concerned about the safety or quality of care at T J Samson Community Hospital? We want to here from you (Neil Thornbury, CEO at 651-4159 or nthornbury@tjsamson.org). If you feel your concerns are not addressed, any individual can report safety or quality concerns of care to The Joint Commission without fear of reprisal by fax 630-792-5636 or email:

complaint@jointcommission.org

Accredited By the Joint Commission

Mission: T.J. Samson Community Hospital will promote and provide for the health and well-being of those we serve.

Vision: As a regional health care provider, T.J. Samson Community Hospital takes pride in being good stewards of our available resources and utilizing them to anticipate and meet the health needs of the region by promoting health in our communities and delivering quality, appropriate and compassionate care.

Emergency Codes Please refer to the back of your Physician Identification Badges as a quick reference for all disaster codes. Each work area has a quick reference Guide posted to define immediate response for each emergency response drill.

'Code Blue' Patient emergency, threat to life. ED Physician responds along with others. Nurse will contact attending physician.

Rapid Action Personnel (RAP) – When a nurse is concerned about a patient who does not show signs of improving, a RAP is activated to assist in the assessment of the patient and notification of physician. Frequently, an RN from CCU and or a Respiratory Therapist respond to assist with the assessment.

'Signal 9 (location)' Security code for manpower needed due to immediate threat to someone. Security and others respond.

'Patient Assistance (location)' Patient Care code for additional assistance that is greater than available staff (i.e. a patient has fallen or need help with transfer)

'External Code Yellow (level)'- An event that results in large number of casualties in our Emergency Room in a short period of time. Three levels: 3, 2, 1 with level 1 being the largest influx of patients. ER Charge nurse determines level based on defined criteria. Nurse will contact physician when assistance is needed.

'Code Yellow (location)' Internal Disaster such as utility failure or damage to facility. Trained individuals respond. Nurse will contact physician when assistance is needed.

'Code Red (location)' Internal Fire – Red fire tag identifies room of actual fire. Close all doors and ensure hallways are clear. If you are in the process of a procedure, stabilize the patient and await additional instructions.

Code Orange (location)' - Internal contaminated accident, a chemical spill or reaction. Trained individuals respond to area.

'External Code Orange (level)' External contamination accident. Emergency Room Charge nurse activates. Three levels: 3, 2, 1 with 1 being the most severe situation. Nurse will contact physician when assistance is needed.

'Severe Weather (Watch or Warning)' Indicates conditions are favorable for a tornado (watch) or threat is imminent (warning). May last for several hours.

'Code Amber (Age and Sex is paged)' Internal condition whereby an infant or child is missing. May also apply to a missing adult. All remain alert to assist in locating the missing person. Nurse will contact physician when assistance is needed.

'Evacuation' Horizontal (first) then Vertical order will be given by the Incident Commander. Yellow tags identify rooms that have been evacuated. Nurse will contact physician when assistance is needed.

'Code Silver'- A threat exists of an individual on the property that is armed with a lethal weapon. Safe Spots are located in all areas, individual who identifies shooter will notify 911.

Earthquake (Not paged) Effectiveness to provide care is evaluated after event occurs. Incident Command Center is activated and directs response.

Code Black (not paged) Bomb threat. Individuals who work in area search for potential devices. Individual who receives threat gathers as much information as possible. The switchboard is notified, who will then notify Safety Officer, 911 and CEO.

Code MH Malignant hyperthermia. Code Blue team responds. Switch board will call anesthesia on call to the patients location if outside the OR.

Code stable or All clear - Immediate danger has passed. Return to normal duties