SAINT PETER'S UNIVERSITY HOSPITAL LICENSED INDEPENDENT PRACTITITONER

RESTRAINT CARE-PHYSICIANS

Physicians authorized to order restraint (through hospital policy in accordance with law and regulation) have a working knowledge of the hospital policy regarding the use of restraint.

Restraints: Medical/Surgical Care

- The licensed independent practitioner (LIP) will complete the order for each episode of restraint.
- LIP determines the need for reordering restraints based of reassessment, reassessment and need for restraint MUST be documented in the LIP progress note.
- Completion of a written/electronic order by the licensed independent practitioner is required to reinstitute restraints beyond the initial episode.
- LIP will participate in the daily review and restraint reduction measures
- a new order is required every 24 hours for medical restraints

Assessment, Restraint Criteria

- The patient is assessed by the registered nurse or physician to determine if the patient is at risk for interfering with medical treatment,

Implementation and Orders

1. There must be an electronically written, time-limited order by a physician for restraints.
2. The time-limited order must include: Start date and time, stop date and time, reason for use, and type of restraint.
3. Standing orders or orders for restraint are prohibited.
4. Staff may not discontinue a restraint and then restart it under the same order. **Note: PRN orders are prohibited.**
5. If a physician is not available to issue such an order, restraint use may be initiated by a registered nurse on an emergent basis. In that case, a physician is notified during the emergent application or immediately after the restraint has been applied. A telephone order is obtained from that practitioner and entered into the patient's medical record.
6. Re-application of Restraints: If a patient was recently released from restraints and exhibits behavior that can only be handled by the reapplication of restraints, a NEW order is required.
7. Restraints may be released to care for patient needs – for example toileting, feeding and range of motion – this is not considered a discontinuation of restraints; therefore, no new order is needed.
8. Orders for restraint used to protect the physical safety of the nonviolent or non–self-destructive patient are renewed every calendar day as warranted based on the continuing need for restraint.

- Death Reporting Requirements: Hospitals must report deaths associated with the use of restraint. The hospital must report to CMS each death that occurs while a patient is in restraint at the hospital.

Restraints: Behavioral, Patients Exhibiting Violent/Destructive Behavior

Assessment, Restraint Criteria

When the restraint is used for the management of **violent or self-destructive behavior** that jeopardizes the immediate physical safety of the patient, staff member(s), or others, a physician must see the patient face-to-face within 1 hour after the initiation of the restraint. This physician must evaluate and document in a progress note.

- The patient's immediate situation;
- The patient's reaction to the intervention;
- The patient's medical and behavioral condition;
- The need to continue or terminate the restraint.

If the face-to-face evaluation is conducted by a physician other than the attending physician, the attending physician who is responsible for the care of the patient must be consulted as soon as possible after completion of the evaluation.

Implementation and Orders:

When restraint is initiated for behavioral purposes, the physician does the following:

- Reviews with staff the patient's physical and psychological status.
- Determines whether restraint should be continued.
- Guides staff in identifying ways to help the patient regain control

For behavioral restraints, There must be a written, time-limited order per below

Four hours for patients ages 18 and older
Two hours for patients ages 9 to 17
One hour for patients under age 9

- When restraint is initiated without an order by a physician, within one-hour, qualified staff does the following:
  - Notifies the physician as soon as possible
  - Obtains an order (telephone or written) from a physician.
  - Consults with the physician about the patient's physical and psychological condition.

- **At the time of the in-person evaluation of the patient who is in restraint for behavioral health purposes, the physician does the following and documents in a progress not:**
  - **An evaluation of the patient's immediate situation**
  - **The patient's reaction to the intervention**
  - **The patient's medical and behavioral condition**
  - **The need to continue or terminate the restraint or seclusion**

Saint Peter's does not seclude patients. Saint Peter's does not Chemically Restrain patients.

For patients that are restrained for medical reasons, a new order must be documented every 24 hours. Additionally, the LIP's progress note, impression and plan MUST reflect that the patient is in restraints and what the indication for restraints is.

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PAIN MANAGEMENT

The hospital respects the patient's right to effective pain management. Pain management is a multi-disciplinary process, characterized by continual coordination and communication of the plan of care towards the improvement of patient outcomes: increase comfort, reduced side effects, and enhanced patient satisfaction.

Saint Peter's uses a multi-modal approach to pain management. Through the opioid reduction initiatives SPUH highly encourages the use of opioids only when clinically indicated.

If you are ordering more than one PRN pain medication, please sure the PRN indication for administration unique and different.

PREVENTION OF HEALTH-CARE ASSOCIATED INFECTIONS (HAI's)

Central Line Associated Bloodstream Infections (CLABSI's):

- All central venous catheters must be **assessed daily for necessity and discontinued ASAP**. The timely removal of central lines will reduce the patient's risk of infection.
- Follow all evidence-based practices included in the central line bundle when inserting central lines:
    - Perform hand hygiene prior to central line insertion.
    - Prep the insertion site as follows: For subclavian or internal jugular lines, scrub the site with a Prevantics swab stick for 15 seconds on each side for a total of 30 seconds and allow to dry for 30 seconds. For femoral site, clean for 60 seconds on each side for a total of 2 minutes and allow to dry for 2 minutes. **Allow the antiseptic solution to dry for 2 minutes <u>before puncturing the site</u>.**
    - Everyone assisting with the procedure use maximum sterile barrier precautions: hat, mask, sterile gloves & gown, large sterile drape.
    - Maintain the sterile field at all times. If there is an observed violation of infection control practices, line placement must **stop immediately,** and the violation must be corrected.
    - The Internal jugular/ subclavian vein is the preferred site of insertion. A femoral line should only be used in an emergent situation or when there are no other options. All femoral lines must be evaluated for removal within 24 hours and replaced as soon as the patient is stable enough to do so.
    - Apply a sterile dressing to the site.
    - Assess the need for the central line daily and discontinue it asap.

Catheter Associated Urinary Tract Infections (CAUTI's):

- Insertion of a urinary catheter and continuation of an indwelling urinary catheter requires a **daily order** from a licensed independent provider (LIP).
- Discontinuation of an indwelling catheter is protocol driven after 48 hours of insertion. Physician order **is not** necessary to remove and will be discontinued by 11am based on the nurse driven protocol.
- External male and female urinary collection devices are available alternatives to indwelling catheters.

Surgical Site Infections (SSI's):

- Administer prophylactic antibiotics within 1 hour (Vancomycin within 2 hrs.) of the surgical incision. Prophylactic antibiotic selection must be consistent with national guidelines.
- Perform a surgical hand scrub following manufacturer's recommendations for use.
- Preventing hypothermia and maintaining tight glycemic control in patients undergoing surgery at all phases of the surgical procedure will decrease the risk of SSI's.
- When hair removal is necessary use clippers. The use of razors prior to surgery increases the incidence of wound infections when compared to clipping or no hair removal at all.
- Prep the site with 2% CHG. Use a 30 second scrub followed by a 3-minute dry time.
- Keep dressings clean, dry and intact. Perform hand hygiene prior to performing a dressing change. Always maintain aseptic technique.

Prevention of HAI's Due to Multidrug – Resistant Organisms (MDRO's)

- Follow Contact Precautions when caring for patients with MDRO's (i.e. MRSA, VRE, Candida auris, C difficile, ESBL + organisms, CRE etc..).
- An MD order is not needed to place a patient on Contact Precautions. An MD order is required to discontinue isolation.
- Perform hand hygiene, don gloves and secure a gown prior to entering the patient's room.
- After caring for the patient, remove the gown and gloves and perform hand hygiene. Use an alcohol-based hand sanitizer or wash hands with soap & water if visibly soiled or caring for a patient

SAINT PETER'S UNIVERSITY HOSPITAL LICENSED INDEPENDENT PRACTITITONER

REPORTING CONCERNS	HIPPA	ABUSE/NEGLECT	PATIENT EDUCATION

Healthcare workers may anonymously report without fear of disciplinary action any urgent pt. safety or quality concern as well as an improvement idea to the hospital Risk Mgr.
 	
Staff may also report their concerns to the Department of Health or the Joint Commission.
 	
NJ Department of Health
P.O. Box 367
Trenton, NJ 08625-0367
1-800-792-9770
 	
or
 	
Joint Commission
Division of Accreditation Operations
Office of Quality Monitoring
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Phone: 1-800-994-6610 or
E-mail:complaint@jointcommission.org
	It is the obligation of every medical staff, allied health and employee to protect the privacy and confidentiality of our patients by always remembering to…
	
	• Discuss matters pertaining to a patient in a private setting and **not** in public.
	
	• Close the doors to the room or bathroom when appropriate.
	
	• Obtain the patient's consent for procedures and the disclosure of information.
	
	• Be aware of the tone of your voice and the degree to which your voice carries when speaking to others
	
	Corporate Compliance Hotline: 888- 491-3010
	Allows for anonymous reporting
	Available 24/7-365
	
	Chief Compliance Officer:
	732-745-8600, Ext. 5071
		All patients should be informally screened at admission for signs of abuse and neglect.
		• If abuse and/or neglect is suspected, you should
		  • Report this immediately to the RN Case Manager or care center Social Worker.
		  • Document findings, observations and statements made by the patient or family/care-giver(s) which support the suspected abuse/neglect
		• Possible indicators of abuse/neglect may include:
		  • Patient states that abuse/neglect occurred
		  • Repeated and/or unexplained traumatic injuries
		  • Explanation of injuries is vague or refuses to explain.
		  • Patient exhibits fear, withdrawal or unnatural compliance in presence of caregiver
		  • Suspicious history (similar episodes of unexplained injuries, "doctor hopping", etc.)
		  • Unusual delay in obtaining treatment of injuries
		  • Suicide attempts, depression or anxiety
		  • Multiple somatic complaints
		  • An overprotective partner that will not leave her to talk alone with caregiver.
		  • Evasive responses to questions
			The Medical Staff should be actively involved in providing education to the patient and family relative to findings, conclusions, recommendations and actions.
			
			• Based on the patient's condition and assessed needs, the education and training provided may include:
			• Explanation of the plan for care, treatment, and services
			• Basic health practices and safety
			• Information on the safe and effective use of medications
			• Nutrition interventions and modified diets
			• Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management.
			• Information on oral health
			• Information on the safe and effective use of medical equipment or supplies
			• Habilitation or rehabilitation techniques to help the patient reach maximum independence
			• The patient understands of the education and training provided should be evaluated.

CARE COORDINATION

The Care Coordination Department is available for evaluation and intervention with patients (or representatives as applicable). A discharge planning evaluation and the coordination of complex discharge planning are among the services provided and can be requested by patients/applicable representative, physicians, and interdisciplinary team members. Physicians may request a discharge planning evaluation via physician order or by calling 732 745-8522 or by speaking with the unit-based Care Coordination RN or Social Worker.

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INFLUENZA & VACCINE

Influenza and Vaccine

- A 2018 CDC study published in Clinical Infectious Diseases stated that on average, about 8% of the U.S. population gets sick from influenza each season, with a range of between 3% and 11%, depending on the season. The 3% to 11% range is an estimate of the proportion of people who have *symptomatic* influenza illness.
- An infected healthcare worker can transmit the virus beginning 1 day **before** symptoms develop and up to 5 to 7 days **after** becoming sick.
- CDC estimates that influenza has resulted in 140,000 – 710,000 hospitalizations each year during flu seasons, prior to the COVID-19 pandemic (2010-2011 to 2019-2020).
- CDC estimates that influenza has resulted in 12,000 – 52,000 deaths each year during flu seasons prior to the COVID-19 pandemic (2010-2011 to 2019-2020).
- There are not influenza burden estimates for the 2020-21 flu season, however; the number of people hospitalized with influenza was too low to generate stable burden estimates as is done for a typical flu season.
- Recommend mandatory Flu Vaccinations for all healthcare personnel, unless medical or religious exemption is granted.
- Flu vaccination is offered for all eligible patients during the Flu season.

Preventing Spread of Influenza

- WASH YOUR HANDS
- Cover your cough
- Don't work if you are ill
- Annual vaccination for all health care personnel
- Influenza vaccination for all eligible patients during Influenza season

COMMUNICATION

Language Assistance is provided to all patients at no cost. All interpretation medical information is done by a certified interpreter or the CyraCom

PATIENT'S RIGHTS

SPUH abides by the Patient's Bill of Rights. The philosophy, mission and values of SPUH braces and promotes the dignity, respect, and individual rights of each patient. Patients are encouraged to participate fully in their care decisions and healthcare safety. Guide for Patients and families are given to all inpatients. Outpatients receive a pamphlet.

COMPUTER DOWNTIME

- Follow department & hospital procedures.
- Obtain assistance from department staff or
- Contact Help Desk – 732 745-8600, Ext. 2222

NATIONAL PATIENT SAFTEY GOALS

Goal 1: Improve the accuracy of patient identification
-Use of 2 patient identifiers
Goal 2: Improve the effectiveness of communication amongst caregivers
-Provider must be notified with in one (1) hour; must be documented in the medical record
Goal 3: Improve the safety of using medications
-Proper labeling
Goal 6: Reduce the harm associated with clinical alarm systems
-Prioritize alarms
Goal 7: Reduce the risk of healthcare-associated infections
- Hand hygiene, Prevention of CLABSI; CAUTI; SSI; Multi drug resistant organisms (MORO's)
Goal 15: Identify safety risks inherent in the patient population
-Protecting patients from self-harm

ENVIRONMENT OF CARE-ROLES

Fire Safety – if you see a fire: **RACE**

- **R**escue/Remove persons(s)/patients/staff in immediate danger.
- **A**larm—pull hospital fire alarm and dial "O"
- **C**ontain/Confine the fire. Close all doors and windows.
- **E**xtinguish the fire, if possible. If not, **evacuate** the area.

PASS

- **P**ull the pin
- **A**im at the base of fire
- **S**queeze the handle
- **S**weep from side to side

Emergency Codes to know:

Code **Blue** = Adult Medical Emergency
Code Amber = Infant/Child Abduction
Code White = Pediatric Medical Emergency
Code **Orange** = Hazardous Materials Incident
Code Gray = Security Emergency / Patient Elopement
Code Silver = Person with A Weapon/Hostage Situation
Code **Red** = Fire
Code **Yellow** = Bomb / Bomb Threat
Code Triage = Disaster (For Internal or External)
Code Clear = The Situation Has Been Cleared.
Code **RRT= Rapid Response**

CORE MEASURES

- Venous Thrombotic Embolism (VTE)
- Stroke
- Perinatal Care
- Outpatient Pain
- ED Through-put (ED treat and release times)

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IMPAIRED PROFESSIONAL	DISRUPTIVE BEHAVIOR	PERFORMANCE IMPROVEMENT
The term **impaired** is used to describe a practitioner who is: • Prevented by reason of illness or other health problems from performing his/her professional duties at the expected level of skill and competency. • Impairment also implies a decreased ability or unwillingness to acknowledge the problem or to seek help to recover. It places the practitioner at risk and creates a risk to public health and safety. Some signs of impairment are: • Deterioration of hygiene or appearance; • Personality or behavior changes; • Unpredictable behavior; • Unreliability or neglecting commitments; • Excessive ordering of drugs; • Lack of or inappropriate responses to pages or calls; • Decreasing quality of performance or patient care. Hospital and Medical Staff leadership will assist the entry of a suspected or confirmed impaired practitioner into evaluation, appropriate treatment and/or rehab. A Medical Staff member or Allied Health can be referred for evaluation to Leadership and can be made by any physician or hospital staff member. **Reference**: Medical Staff Bylaws	Disruptive conduct by a practitioner is behavior which adversely impacts on the quality of patient care. Examples of disruptive behavior: • Losing one's composure/temper. • Engaging in intimidating or abusive behavior of any sort, physical or verbal. • Using profanity or similarly offensive language • Making degrading or demeaning or offensive comments regarding patients, residents, employees, physicians, or the organization. • Making derogatory comments regarding the quality of care provided by the organization, any physicians on the Medical Staff, nurses, or any other personnel. • Engaging in any retaliatory or abusive conduct with respect to any individual who has filed in the past, or may file in the future, complaints or concerns. • Using non-constructive criticism addressed to its recipient in such a way as to intimidate, undermine confidence, belittle, or imply stupidity or incompetence. • Unwillingness to work cooperatively and harmoniously with other personnel or members of the medical staff. This includes silence/non-communication as a means of retaliation, such as refusing to answer questions, calls, answer pages, walking away from someone talking to you or otherwise using silence as an avoidance tactic. Both the Hospital Policies and Medical Staff documents provide a mechanism and process for the confidential reporting, investigation, and corrective actions necessary to manage any reports of disruptive behavior. Complaints may be referred to the CEO (or designee), MEC, applicable Department Chair, the CMO, Human Resources or other Medical Staff leaders.	SPUH participates in the Center for Medicare and Medicaid Services Inpatient Quality Reporting and Value Based Purchasing Programs. These programs include quality measures focused on preventing hospital acquired conditions and improving patient outcomes such as: • Central Line Associated-Blood Stream Infection Surveillance • Catheter Associated-Urinary Tract Infection Surveillance • Venous Thrombotic Embolism Prevention • Hospital Wide 30-Day Readmissions Reduction • Emergency Department Throughput • Stroke Care • Perinatal Care • Surgical Site Infection Surveillance The medical staff play a leadership role in organizational performance improvement activities to improve quality of care, treatment, and services and patient safety. The medical staff is actively involved in the measurement, assessment, and improvement of the following: • Medical assessment and treatment of patients • Use of information about adverse privileging decisions for any practitioner privileged through the medical staff process • Use of medications • Use of blood and blood components • Operative and other procedures(s) • Appropriateness of clinical practice patterns • Significant departures from established patterns of clinical practice • Use of developed criteria for autopsies • Sentinel event data • Patient safety data • Accurate, timely, and legible patient medical records • Peer review • Patient satisfaction • Clinical outcomes data • PI activities are integrated and shared with the Medical Staff The PI model practiced at SPUH is PDCA – **P**lan, **D**o, **C**heck, **A**ct.