

Physician and Physician Extender Orientation/Education

Topic	Important Points	Your role as a practitioner
<p>Safety Together</p>	<p>Safety Together is our journey towards zero harm for patients, and all team members. The effort is a cultural transformation, guided by high reliability principles. Safety Together is comprised of many aspects of clinical care, leadership and the system in which we work:</p> <ul style="list-style-type: none"> - Error prevention through understanding human performance and making habit of proven error prevention behaviors and tools - Leadership methods for committing to, and reinforcing Safety Together, as well as finding and fixing problems that are getting in the way of safe care - Learning from safety events through robust root cause analysis <p>The error prevention behaviors and tools are:</p> <p>S- Speak up for safety</p> <p>A- Accurately communicate</p> <p>F- Focus on the task</p> <p>E- Exercise and accept a questioning attitude</p> <p>T- Thoughtfully interact</p> <p>Y- You and me together</p>	<p>Practitioners are in unique roles as both leaders and “sharp-end” providers of care. Human error is inevitable, but harm is not. Through working with your colleagues as a part of a team, you can catch and trap human errors before they reach our patients. You should:</p> <ul style="list-style-type: none"> - Attend Safety Together training to learn the expectations - Follow the behavioral expectations and use the tools yourself - Listen to concerns, and address them in a respectful manner, even if they are incorrect - Cross check others if they inadvertently make a mistake - Thank others for cross-checking you or catching/trapping errors you inadvertently make - Encourage others to ask questions so they fully understand - Reduce power distance by encouraging others to speak up, and responding respectfully. - Thoughtfully interact with your colleagues and your patients to ensure teamwork
<p>Mission /Vision/Values</p>	<p>Mission- Provide Compassionate Care, Healthcare Excellence, and Superior Service to our patients and their families.</p> <p>Vision- to advance the health and quality of life in our community</p> <p>Value Statement: Ensure the safety of our patients, community, and each other by consistently demonstrating</p>	<p>As a practitioner on staff, you help us achieve our goals for patient care by partnering with us in demonstrating the mission, vision and values.</p>

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	<p>our values of exceptional communication, outstanding teamwork, professional integrity, accountability, innovation and resilience as we strive toward becoming a high reliability organization.</p>	
Culture of Safety	<p>A culture of safety:</p> <ul style="list-style-type: none"> • Encourages teamwork, effective communication, transparency, and accountability. • Promotes the reporting of medical errors or near misses so data can be collected, analyzed, and improvements made. • Establishes expectations and defined actions addressing dangerous or disruptive behaviors that threaten the performance of the health care team. 	<p>How you can exhibit the characteristics of the Successful Healthcare Team member:</p> <ul style="list-style-type: none"> • Openly communicate with one another • Share important patient information with all staff caring for the patient • Trust and respect one another • Work together for the good of the team and patient • Keep the patient at the center of their attention • Avoid behavior that intimidates others and affects staff morale that undermines a culture of safety and can be harmful to patient care. • Review SBAR in Cerner
Team Work	<p>Important concepts include:</p> <p>Communication verbal/ non-verbal and through written documentation</p> <p>Collaboration “none of us is as good as all of us”</p> <p>Coordination of care increases efficiency and reduces redundancy</p> <p>Hand off communication is vital between team members.</p>	<p>When we work together as a team, we contribute to the overall success of patient care quality, patient care safety and ultimately patient satisfaction.</p> <p>Make sure you communicate effectively with all team members especially during transitions of care.</p>
Patient Safety Patient Safety Events	<p>Immediate reporting of patient safety events is required.</p> <p>New Jersey Department of Health Patient Safety Act mandates reporting of serious preventable events within 5 days of occurrence.</p>	<p>You are expected to report patient related events immediately by:</p> <ul style="list-style-type: none"> • escalating concerns to your Clinical Chairperson • escalating concerns to the Quality Department • complete an incident report on all hospital desktops

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	<p>Adverse Event: an event that is a negative consequence of care that results in unintended injury or illness, which may or may not have been preventable</p> <p>Sentinel Event: A Sentinel Event is an unexpected occurrence resulting in death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.</p> <p>Examples of occurrences include: Suicide, wrong side surgery, a patient fall that results in death or major permanent loss of function, Infant Abduction, Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities, or death of a patient directly associated with the use of restraints</p>	<p>-Quality/Standards Department telephone number:</p> <ul style="list-style-type: none"> • 732-557-8017
<p>Disclosure to Patient and/or Family</p>	<p>New Jersey Department of Health Patient Safety Act mandates reporting of serious preventable events within 5 days of occurrence.</p> <p>Patients have the right to be informed about the outcome of their care, including unexpected outcomes.</p> <p>When a health care injury occurs, the patient (and/or family/representative) is entitled to a prompt explanation of how the injury occurred and its short-term and long-term effects.</p> <p>When an error contributed to the injury, the patient (and/or family/representative) should receive a truthful and compassionate explanation about the error and the remedies available to the patient.</p> <p>Disclosure should be made by the most appropriate members of the health care team (physician, primary care nurse, charge nurse, social worker, case manager etc.)</p>	<p>The Quality/Standards and Risk Management departments respectively can provide guidance and support during this process. Please contact them directly at:</p> <ul style="list-style-type: none"> • Quality/Standards- 732-557-8017 • Risk Management – 732-557-8032 <p>Document disclosure in the patient’s Electronic Medical Record.</p>

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	<p>Disclosure must be documented in the patient's medical record.</p>	
<p>Risk Management</p>	<p>The Risk Management Department manages all facility risks and the internal Incident reporting system. Examples of What to report: falls, medical or patient safety related events, Lost / damaged patient property, other property loss, equipment damage or malfunction, exposure to infectious material Anything not consistent with routine patient care.</p>	<p>Complete an incident report or contact the Risk Management Department for guidance.</p>
<p>Performance Improvement</p>	<p>Our Method of assessing our performance is through PDCA which stands for: Plan-Do-Check-Act</p> <p>The (PIC) Performance Improvement Committee oversees the quality and performance improvement projects for the hospital.</p> <p>RCA (root cause analysis) and FMEA (Failure Mode and Effect Analysis) are two examples of collaborative, multi-disciplinary activities used by the hospital to identify reasons for patient safety events or proactively identify areas of risk.</p>	<p>Physicians and allied practitioners are welcomed on teams as important members.</p> <p>If you would like to become a member of the Performance Improvement Council (PIC), please contact the Quality & Standards Department.</p>
<p>Patient Safety Goals</p>	<p>National Patient Safety Goals: The Joint Commission provides requirements to prevent errors;</p> <ul style="list-style-type: none"> • Use at least 2 identifiers when providing care, treatment, services. • Eliminate transfusion errors related to patient misidentification. • Timely reporting of critical results of tests, diagnostic procedures. • Label all medications, medication containers, other solutions on and off sterile field in perioperative, and other procedural settings. • Maintain and communicate accurate patient medication. 	<p>Following the National Patient Safety Goals has been proven to prevent patient safety events. All staff is expected to comply with these important processes.</p> <p>Medication reconciliation begins with you.</p> <p>Reconciling medications cannot occur without your involvement.</p> <p>Your role in medication reconciliation is extremely important. This is the foundation for medication ordering and safety for our patients.</p>

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	<ul style="list-style-type: none"> • Reduce the risk of health care-associated infections. (See below) • Universal Protocol/ Time out /Site marking • Identify patients at risk for suicide. • Effectively manage clinical alarms 	<p>Universal Protocol must be completed for all procedures.</p>
<p>Infection Prevention and Control-General information</p>	<p>The Infection Prevention and Control Department is responsible for all practices to prevent infection.</p> <p>Our behavior at work is a crucial defense against exposure to ourselves, employees and patients Work Practice Controls such as PPE (Personal Protective Equipment) and the use of Standard/Universal Precautions at the source of the potential hazard are designed to prevent hazards from reaching the employee or physician.</p>	<p>Use Standard Precautions when treating all blood and other body fluids, secretions, excretions (except sweat) as if they are infected.</p> <p>If you are exposed to a needle stick or blood/body fluid splash, immediately wash the area with soap and water. If the eyes sustain an exposure, flush continuously for 10 minutes. Fill out an incident report. Immediately visit Corporate Care/Employee Health during business hours or report to the Emergency Department after hours, on weekends or holidays. The source patient and you will be tested for Hepatitis B and C and HIV. Rapid HIV tests are used so results are available quickly. HIV prophylaxis must be administered as soon as possible if indicated to prevent replication of the virus. Medications are available free of charge and are located in the ED and Pharmacy. Follow up in Corporate Care.</p>
<p>Infection Prevention and Control- Sharp Safety</p>	<p>Our behavior at work is a crucial defense against exposure to ourselves, employees and patients</p>	<p>Activate the safety feature of the sharp device. The sharp user is responsible for safe handling & disposal.</p> <p>Do not recap, remove, or bend needles</p> <p>Never reuse a needle or syringe</p> <p>Place used sharps in designated puncture resistant container.</p> <p>Place specimens in leak proof containers</p> <p>Use Personal Protective Equipment when there is risk of exposure.</p>

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		Be alert for unexpected patient movement (ex. cough, sneeze, codes, agitated patients).
<p>Infection Prevention and Control – Single dose vials and multi-does vials</p>	<p>Single dose vials are never to be used as a multi-dose vial outside of the strict controls of the pharmacy compounding area. The risk for infection from contamination is high as these vials do not contain preservatives.</p> <p>Multi-dose vials should never be used for more than one patient.</p> <p>All multi-dose vials used in procedural areas must be specific to that patient only and discarded after the procedure is completed.</p>	<p>Never use a single dose vial as a multi-dose vial.</p> <p>Use of a multi-dose vial must be limited to use on one single patient. Vials used for more than one dose, must contain a Beyond Use Date.</p> <p>Make sure that all multi-dose vials are immediately discarded in procedural rooms or when a procedure has been performed at bedside.</p>
<p>Infection Control – Hand Hygiene</p>	<p>Hand Hygiene is the single most effective step in preventing the spread of hospital acquired infections</p> <p>Use an alcohol-based hand sanitizer or wash hands:</p> <ul style="list-style-type: none"> • Before and after removing gloves • Before or after entering/exiting patient rooms • Before inserting invasive device • After contact with contaminated objects and equipment <p>Must use soap and water for the following:</p> <ul style="list-style-type: none"> • If hands are visibly soiled with dirt or are contaminated with material, blood or other body fluids. • When caring for patients with C. difficile requires hand washing. Wash hands for at least 15-20 seconds 	<p>All physicians and allied health personnel are expected to comply with the hand hygiene expectations in order to prevent the spread of infection to our patients.</p> <p>Please remember when entering a patient room “clean in” and when exiting a room “clean out”</p>
<p>Infection Control- medical equipment, devices and supplies</p>	<p>The hospital has a program for the cleaning and disinfection of all medical equipment and ensuring that devices and supplies are safe for patient use.</p>	<p>Never re-use a needle or syringe. Use safe injection practices. Always check for expiration dates and do not use if outdated Follow hospital policy/procedures for the cleaning and disinfection of equipment brought in from the outside</p>

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		or another hospital. Disinfect stethoscopes between patients.
Infection Control- Influenza vaccination	<p>The hospital has a vaccination program and goal to have every physician and allied professional vaccinated against Influenza.</p> <p>Vaccination of healthcare workers prevents the spread of the Flu during the season.</p>	<p>Please use the hospital resources for free vaccination during October-April. The goal of the RWJBarnabas Health System is to have all employees and LIP's receive the influenza vaccination</p> <p>If you have been vaccinated elsewhere it is important that you bring the attestation to the Medical Staff office as we need to count you in our final numbers for total vaccination rates.</p>
Infection Control- MDRO	<p>Multi Drug Resistant Organisms including MRSA, VRE, CRE and C.auris, for example, can increase hospital stays, costs, and mortality. The best practices for prevention include:</p> <ul style="list-style-type: none"> • Hand Hygiene • Adhering to isolation practices • Using PPE or Personal Protective Equipment • Cleaning of patient care equipment 	<p>Use the best practices every day for every patient.</p>
Infection Control- CLABSI	<p>Central Line Associated Blood Stream Infections are associated with increased hospital stays, costs, and mortality. The best practices or the CLABSI bundle for prevention include:</p> <ul style="list-style-type: none"> • Hand hygiene prior to catheter insertion or manipulation • Use checklist for insertion • Do not use femoral insertion sites • Use the standardized insertion kit. • Use maximum sterile barrier precautions • Use chlorhexidine alcohol skin prep antiseptic 	<p>Follow the hospital bundle for prevention of infections.</p>
Infection Control -SSI	<p>Surgical Site Infections results in 7-10 additional hospital days and increases the risk of death by 2-11 times.</p>	<p>Follow the hospital bundle for prevention of infections.</p>

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	<p>The best practices or the SSI bundle for prevention include:</p> <ul style="list-style-type: none"> • Proper hair removal- Do not remove hair at the operative site unless it interferes with the surgery. Never use razors. • Appropriate antibiotic administration timing (within 30 minutes to 1hour of incision, 2 hours for vancomycin, Levaquin, and fluoroquinolones-cipro) • Discontinuation of prophylactic antibiotics within 24 hours of surgery end 	
<p>Infection Control-CAUTI</p>	<p>Indwelling catheter associated urinary tract infections are associated with increased hospital stays, costs, and mortality.</p> <p>The best practices for prevention or the CAUTI bundle include:</p> <ul style="list-style-type: none"> • Limit the use and duration • Use aseptic technique for site preparation, equipment and supplies 	<p>Follow the hospital bundle for prevention of infections. Ensure that catheter use is appropriate and discontinued ASAP.</p>
<p>Anti-coagulation</p>	<p>Many patients are at risks for DVT or PE development during their hospitalization.</p> <p>Appropriate prophylaxis decreases the risk of developing DVT or PE.</p> <p>Pharmacists ensure that for those patients that receive warfarin:</p> <ul style="list-style-type: none"> * INRs are ordered for patients * INRs are not suprathereapeutic <p>Pharmacists are ensuring that patients receiving intravenous heparin infusions are converted to warfarin within 48 hours.</p> <p>Pharmacists perform therapeutic medication reviews for appropriate dosing (i.e. renal dosing, dosing according to indication) of anticoagulants</p>	<p>Assess every patient for their risk for DVT or PE.</p> <p>Order appropriate prophylaxis</p> <p>The electronic medical record (EMR) system prompts the clinician to address VTE prophylaxis on patients 18 and older and results in the proper orders being entered into the EMR system.</p> <p>Orders for pharmacological and mechanical prophylaxis are linked to the patient status order (upon initial patient entry into the hospital).</p> <p>VTE order subsets are embedded in specific order sets (e.g., Total Knee Replacement).</p> <p>VTE concerns can be addressed for all patients upon initial admission and</p>

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		<p>throughout the hospitalization as a patient's condition may change.</p> <p>If pharmacologic and/or mechanical prophylaxis is applicable to the patient and not ordered, the physician needs to complete the "Reason Not Ordered" section.</p>
<p>Fire Safety</p>	<p>RACE- Rescue/ Alarm/ Contain/Extinguish Pull the closest pull station. If you are not near a pull station Dial ***111 and say FACILITY ALERT FIRE and location</p> <ul style="list-style-type: none"> • Close all doors • Clear corridors <p>Evacuation Horizontal/Initial Evacuation: From one fire compartment to another compartment Vertical Evacuation: Going from one floor to the floor below and is only done when a horizontal evacuation is not possible</p>	<p>Follow hospital instructions, do not use elevators or leave location until all clear.</p> <p>Know where the pull stations are located on units and departments.</p> <p>Know where the fire extinguishers are located on units and departments.</p> <p>Follow Security directions.</p>
<p>Environment of Care</p>	<p>Examples of unsafe conditions include:</p> <ul style="list-style-type: none"> • Ladders left unattended in hallways • Patient care rooms with electrical wires on floor as a tripping hazard • Storage in stairwells that would pose an exit issue in a fire situation 	<p>Please report all identified issues to the appropriate manager of the department or service for follow-up.</p> <p>Escalation to senior management when your reporting is not addressed in a timely manner. Report unsafe conditions to the Safety Office at 732-557-2189</p>
<p>Life Safety / ILSM- interim Life Safety Measures</p>	<p>ILSM are put into place only when due to construction, alternative fire exits are identified or if the fire alarm or sprinkler systems are not working. A fire watch is initiated for the duration of the out of service timeframe.</p>	<p>Be aware of any interim Life Safety Measures in place in your service or department.</p> <p>Look for specific information from the facility Safety Officer when appropriate.</p>
<p>Emergency Management/Disaster</p>	<p>When a disaster is called, the Office of Emergency Management will open the command center. All</p>	<p>Wear your badge at all times for access to the hospital.</p>

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	communications and actions to be taken will originate from there.	Read all communications posted during the disaster timeframe and follow directions.
<p>Hospital Plain Language Alerts</p>	<p>Fire Alarm Facility Alert + Fire Alarm + Location</p> <p>Hazardous Materials Facility Alert + Hazardous Materials Incident + Location</p> <p>Disaster Situation Facility Alert + Command Center Open + Location</p> <p>Evacuation Facility Alert + Evacuation + Location</p> <p>Severe Weather Facility Alert + Weather Event + Location</p> <p>Loss of Utilities Facility Alert + What utility is disrupted + Location</p> <p>Loss of Technology Facility Alert + What technology is disrupted + Location</p> <p>Security Emergency Security Alert + Security Assistance + Location</p> <p>Infant / Child Abduction Security Alert + infant/Child Abduction + Location + Description</p> <p>Patient Elopement Security Alert + Elopement + Location</p> <p>Bomb Threat Security Alert + Suspicious Item / Bomb Threat + Location + Directions (Only if confirmed)</p> <p>Hostage Situation Security Alert + Hostage Situation + Location</p>	<p>To call a code Dial “***111”.</p> <p>Listen to overhead page for further instructions when warranted.</p>

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	<p>Active Shooter Security Alert + Active Shooter + Location + Directions</p> <p>Lockdown Security Alert + Lockdown + Location</p> <p>Civil Disturbance Security Alert + Civil Disturbance + Location</p> <p>Pediatric Medical Emergency Medical Alert + Pediatric Cardiac Arrest + Location</p> <p>Adult Medical Emergency Medical Alert + Adult Cardiac Arrest + Location</p> <p>Patient, Deteriorating Condition Medical Alert + Rapid Response Team + Location</p> <p>Stroke Medical Alert + Stroke Response Team + Location</p> <p>Code Chill Medical Alert + Hypothermia Response Team + Location</p> <p>Code MH (Malignant Hyperthermia) Medical Alert + Malignant Hyperthermia Response Team + Location</p> <p>Patient with Sepsis Medical Alert + Sepsis + Location</p> <p>Mass Casualty Incident Medical Alert + Mass Casualty incident + Location</p> <p>Clear Code All Clear</p>	
<p>Patient Rights /Ethical treatment</p>	<p>Patient rights are guaranteed by the Federal and State government. The following are patient rights topics:</p> <ul style="list-style-type: none"> • Informed consent • Privacy 	<p>Respect the patient and family rights.</p> <p>Obtain copies of policies or procedures that address these individual topics if you have questions.</p>

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	<ul style="list-style-type: none"> • The right to participate in care decisions (Advance Directive, POLST, designation of surrogate decision maker) • Withholding or withdrawing care • Cultural and spiritual values, beliefs and preferences • Pain management • Visitation and patient support person • Effective communication • Information tailored to patient age, language and ability to understand • Translation and interpretation services • Research and clinical trials • Patient Complaint management • Freedom from abuse and neglect (see below) • Restraint (see below) 	<p>As a physician you are mandated to document the presence of an advance directive if your patient has one in the medical record.</p> <p>POLST orders must be converted to a hospital order upon admission. A copy is placed in the medical record. Document all discussions with family regarding a patient’s decision regarding DNR.</p> <p>Use the resources available for translation and interpretation services</p>
Restraint	<p>Physicians are responsible for orders for restraint. There are two types of restraint: Medical Surgical or non-violent or Behavioral also known as violent / self-destructive. These orders are time limited;</p> <ul style="list-style-type: none"> •Medical Use (nonviolent, non-self-destructive behavior): cannot exceed 24 hours •Behavior Management Use (violent, self-destructive behavior): <ul style="list-style-type: none"> • Age 18 and older: 4 hours maximum duration • Age 9-17years: 2 hours maximum duration • Under age 9: 1-hour maximum duration 	<p>Ensure that restraint orders and documentation are timely.</p> <p>Conduct a face to face evaluation within 1 hour of the application of the restraint.</p> <p>Ensure that alternatives are implemented and restraint is discontinued ASAP.</p>
Abuse	<p>Types of abuse include: Child abuse, child abuse-sexual, Elder abuse and neglect, and adult abuse. Each victim must be offered, when appropriate hospital and community resources that is available for</p>	<p>Support and protect our patients from abuse. Call Case Management for guidance at 732-236-3820</p>

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	<p>counseling, information and assistance.</p> <p>In the case of a child, it is mandatory to report all suspected cases of abuse, sexual abuse and neglect to NJ Division of Child Protective Permanency Services (DCPPS)</p>	
Pain Management	<p>Pain management is an important patient right. When Pain is identified, a comprehensive plan should be put into place. We must assess using the most appropriate tool or scale recognizing age, ability to self-report, cultural differences and medical condition will affect which scale /tool we utilize.</p> <p>All patients are initially screened for pain whether inpatient or outpatient. Upon the presence of pain, we must do a full assessment, intervene, and do a follow up re-assessment.</p> <p>It is important to consider any personal, cultural, spiritual and/or ethnic beliefs that may impact the patient's perception of pain.</p>	<p>Ensure that your patient is treated for pain, is educated about pain management techniques and orders are specific including a pain parameter.</p>
Cultural Diversity	<p>Includes gender, gender identity and expression, race/color, religion, ethnicity, national origin, Physical abilities, pregnancy, culture, sexual orientation, ideas / perspectives.</p> <p>Cultural Competence = Valuing Diversity + Appreciating Differences</p>	<p>Cultural competence is an expectation of the 21st century healthcare provider.</p> <p>Our patients expect & deserve respect</p> <p>We must recognize cultures vary in regard to eye contact, assigned role, social setting, physical distance, gestures, tone of voice, language & hearing Our code of conduct supports this.</p>
Information management: HIPAA and Health Information privacy	<p>HIPAA and privacy are an important component of patient care at the medical center. We follow the federal regulations and have processes in place to ensure privacy is not violated including audit trails for computerized information.</p>	<p>Do not discuss patients in public.</p> <p>Do not leave patient information in an area accessible to others.</p> <p>Do not share passcodes.</p> <p>Do not access information that you do not have a business reason to do so.</p>
EMTALA	<p>We are required by law to provide emergency treatment to all</p>	

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	<p>regardless of age, race, religion, gender, disability, sexual orientation, or ability to pay.</p> <p>A medical screening and stabilization exam MUST be performed on anyone presenting to the ED or medical center campus with complaint of a medical emergency or request for examination.</p> <p>EMTALA mandates that the transfer of patients to another health care facility is based on their health care needs.</p> <p>Patients are not transferred to another facility based on their ability or inability to pay.</p> <p>Patients are transferred to another facility if they require emergency care that our facility does not provide.</p> <p>Transfer Requirements:</p> <ul style="list-style-type: none"> • Copies of the patient's medical records • Inter-facility Transfer Form completed and signed by the physician. • Transport equipment and personnel to assure a safe and effective transport for the patient (ambulance). 	<p>Follow the EMTALA rules and requirements as violations are monitored by: N.J. State Dept. of Health Center for Medicare/ Medicaid Services</p> <p>Fines are substantial and can render against the physician and the hospital. Most average \$25,000-50,000. Medicare termination up to 6 months</p> <p>Physician or qualified medical personnel as defined by the Medical staff rules and regs must perform a Medical Screening exam on all patients presenting to the OB setting.</p>
<p>Bioethics committee</p>	<p>The Bioethics Consultation Service may be contacted on a 24-hour, 7-days/week basis to aid physicians, nurses, social workers, patients, family members and other caregivers involved in difficult treatment decisions.</p> <p>The Bioethics Consultation Services is accessed through the Medical Center Operator.</p>	<p>Do not hesitate to use the services of the committee members.</p>
<p>Patient Experience - Advanced Illness and End of Life Care</p>	<p>When a patient has a serious illness or enters the final stage of the dying process, their physical, emotional, spiritual and mental needs must be met.</p>	<p>You are expected to access the resources available to your patients and their families.</p>

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	<p>Community Medical Center is committed to support the patients, their families and caregivers during the end of their life by enhancing their quality of life, and offering individualized, compassionate and comfortable care.</p> <p>The best way to contact Palliative Care is to enter an order for a Palliative Care Consult</p>	<p>Barnabas Health/VNA HG Home Care & Hospice: 855-619-4448</p>
<p>Patient Experience – HCAHPS</p>	<p>HCAHPS, the CMS patient satisfaction survey is mandated by the federal government. Of the 8 domains the survey focuses on physician communication especially courtesy and respect, listening to patients carefully, and explaining to patients in a way that they can understand. Hospital re-imbursement is tied to the success of the HCAHPS data that is publicly reported.</p>	<p>Ensuring that your patients and their families understand their disease, care plan, treatment and care needs after discharge is an important component of keeping our patients healthy.</p> <p>Be certain to allow patients and families to ask questions and ensure that they understand the information that you share with them.</p>
<p>Access to Hospital and Medical Staff Policies</p>	<p>All policies are accessible through the medical staff office and on the hospital intranet (Portal)</p>	<p>Be familiar with those policies and procedures that affect your practice.</p>
<p>Organ donation</p>	<p>The NJ Sharing Network is the designated organ procurement organization responsible for the recovery of organs and tissue for the 5,000 New Jersey residents currently awaiting transplantation. Nurses notify the Sharing Network based on triggers.</p>	<p>Allow the Sharing Network coordinator to guide any discussion regarding the end of life. They are specially trained to deal with this sensitive topic.</p>
<p>Waived testing/ Point of Care</p>	<p>The Department of Laboratory/Pathology maintains the requirements for all Point of Care / Waive testing competency. Information can be obtained through your department Chair office, Medical Staff office or Laboratory department.</p>	<p>You may not practice waive testing or Point of Care until the requirements for competency have been completed</p>
<p>Regulatory</p>	<p>Each hospital has oversight by many regulatory, accrediting or governing agencies. Each oversight body maintains specific regulations or rules that healthcare facilities are required</p>	<p>Please follow all regulations as indicated.</p>

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	<p>to comply with. Although the regulations/standards of these oversight agencies are usually aligned with each other, we are always required to adhere to the rules that are most stringent. These regulatory oversight agencies including but not limited to:</p> <ul style="list-style-type: none"> • The New Jersey Department of Health- General Licensing Standards, Specific Licensing Standards (e.g. Hospital Licensing Standards) • NJ Department of Health and Human Services- Division of Mental Health oversight standards • US Department of Health and Human Services <ul style="list-style-type: none"> ○ Center for Medicare/Medicaid Services- Conditions of Participation, EMTALA ○ Office of Civil Rights- HIPAA • College of American Pathologist (CAP)- Clinical Laboratory Improvement Amendments • Nuclear Regulatory Commission- Code of Federal Regulation- Energy • The Joint Commission 	
<p>Hospital Accreditation</p>	<p>Achieving accreditation status identifies providers as having met standards established by Accrediting Organizations.</p> <p>Medicare conditions of participation set forth the conditions for participating in and receiving reimbursement in the Medicare Program.</p> <p>This may be done by seeking deemed status designation through an accrediting organization.</p>	<p>Participation in Survey Readiness Activities</p> <p>During a survey, you may be interviewed and asked about your patient’s plan of care</p> <p>Be familiar with:</p> <ul style="list-style-type: none"> • Credentialing Process • Medical-Staff By-laws • Medical Staff Rules & Regulations

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	<p>Community Medical Center has Hospital Accreditation and deemed status by The Joint Commission.</p> <p>Benefits of Accreditation</p> <ul style="list-style-type: none"> • Helps organize & strengthen safety efforts • Provides a competitive edge in the marketplace • Improves risk management and risk reduction • May reduce liability insurance costs • Provides professional advice and council • Enhances staff recruitment and development • Provides deeming authority for Medicare certification • Recognized by insurers and other third parties • Provides a framework for organizational structure and management • Provides practical tools to strengthen or maintain performance excellence 	
<p>Disease Specific Certifications and Centers of Excellence</p>	<p>Consumerism in healthcare leads each hospital to look for ways to ensure we are delivering the highest quality of care to our patients. Our Hospital is proud to hold Disease Specific Certifications and recognized as a Center of Excellence in the following categories:</p> <ul style="list-style-type: none"> • Heart Failure • Cardiac Rehabilitation • Total Knee Replacement • Total Hip Replacement • Stroke • Palliative Care <p>In order to achieve this recognition, we must substantiate that we provide care using the latest evidence-based medicine, teach our patients and their caregivers how to manage their disease and their recovery and ensure our clinicians are up to date on the latest evidence.</p>	<ul style="list-style-type: none"> • Utilize the pre-established order sets and protocols available to you within the Clinical Information System.

Physician and Physician Extender Orientation/Education

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<p>Leapfrog</p>	<p>The Leapfrog Hospital Recognition Program is a comprehensive hospital initiative that focuses on important patient safety, quality, and resource-use standards.</p> <p>Each hospital is scored for its performance based on physician order entry, ICU physician staffing, maternity care, managing serious errors (never events), readmissions and length of stay.</p> <p>Leapfrog reports contains data collected from participating hospitals in all 50 states. The Leapfrog reports are made available to the public, who can then make comparisons between their local hospital's quality scores and reimbursement levels.</p>	<ul style="list-style-type: none"> • Follow policy inserting urinary catheters and central lines • Discontinue catheters and central lines asap • Do not deviate from established CPOE processes • Always use approved order sets to provide evidence-based care • Ensure accurate medication reconciliation at discharge which is the most important deterrent to patient readmissions • Function as a team member at all times; ask for assistance as needed
<p>Violence in the workplace- Community Medical Center is committed to providing a safe workplace for employees, physicians, patients and staff. We are also committed to reducing the propensity for violence in the workplace.</p>		
<p>Behaviors that interfere with Patient Safety</p>	<p>“Intimidating and disruptive behaviors” include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Behaviors constituting the above definition are unprofessional, destructive and not acceptable at Community Medical Center as per our policy.</p>	<p>Be respectful in all interactions with hospital staff.</p> <p>When frustration builds, access your medical staff leadership to help intervene</p>
<p>Sexual Harassment Prevention</p>	<p>Sexual harassment of any employee by a supervisor, co-worker, physician or agents of the Community Medical Center is an unlawful employment practice and will not be tolerated.</p> <p>Community Medical Center will be free from sexual harassment and provide a complaint process in the event that an employee or physician</p>	<p>Treat all staff with respect</p> <p>Immediately report allegations of sexual harassment pursuant to Community Medical Center's policy.</p>

Physician and Physician Extender Orientation/Education

Topic	Important Points	Your role as a practitioner
	believes they have been subject to sexual harassment	
Active Shooter	<p>Community Medical Center has established guidelines for employees in the event of an active shooter in or around the hospital.</p> <p>Security Alert Active Shooter– alerts to an active shooter or similar threat of violence or hostage situation</p>	<p>Call 911 or the hospital emergency line “***111” and announce “active shooter”. Provide the location and a description of the person and type of weapon if known.</p> <p>If safe, evacuate patients, visitors and staff or shelter in place.</p> <ul style="list-style-type: none"> • Run – immediately evacuate the area leaving all belongings behind • Hide - outside of the shooter’s view silencing cell phones and pagers • Fight – When your life or the lives of others are at risk, you may make the personal decision to try and incapacitate the shooter to survive
Documentation	<ol style="list-style-type: none"> 1. Electronic Medical Record Suggestions: <ul style="list-style-type: none"> • Avoid Copy and Paste • Review templated, prebuilt text documentation to ensure documentation for the current date of service is relevant and in agreement with current information 2. H&P documentation should include the following: <ul style="list-style-type: none"> • History of the present illness • Review of systems • Past medical, family and social history • Current medications and dosages • Allergies • Physical examination • Impression and Plan 3. Bedside procedures performed should be documented in detail and include the indications for performing the procedure 	

Physician and Physician Extender Orientation/Education

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	<p>4. The final progress note should include sufficient detail and include the following:</p> <ul style="list-style-type: none"> • Final diagnoses • Condition of patient • Discharge instructions • Follow-up care required <p>5. Place of Service Documentation Guidelines</p> <ul style="list-style-type: none"> • Patient encounter with a physician and NPP from the same group practice on the same date of service (Split/Shared Visit Inpatient Hospital/Outpatient Hospital) <ul style="list-style-type: none"> ○ Both the physician and the NPP should personally document in the medical record his/her key portion of the E/M split/shared visit. ○ The physician's documentation must clearly indicate that a face-to-face visit took place to bill under the physician. • Recognize appropriate site of service for correct billing: <ul style="list-style-type: none"> ○ ED (use ED codes) ○ Observation (use observation codes; may only be billed by the provider that ordered and documented the observation service) <ul style="list-style-type: none"> ○ Outpatient (use outpatient visit codes for patient seen in outpatient hospital-based office/clinic <u>or</u> observation when the provider has not ordered observation) ○ Inpatient (use inpatient) 	

Physician and Physician Extender Orientation/Education

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	hospital care codes)	
ACA Accountable Care Act Section 1557	Mandates nondiscrimination and provision of auxiliary aids for the deaf or hear of hearing and translation services for patients with limited English proficiency	
Antimicrobial Stewardship	<p>Antimicrobial stewardship is the effort to improve how antibiotics are prescribed by clinicians and used by patients. All clinicians have a role in ensuring that antibiotics are used safely to optimize treatment outcomes and minimize adverse effects.</p> <p>Consequences of antibiotic use include:</p> <ul style="list-style-type: none"> • Antibiotic Resistance <ul style="list-style-type: none"> a. 2.8 million antibiotic-resistant infections and 35,000 deaths per year in the US • Adverse effects <ul style="list-style-type: none"> a. C. difficile infection: 224,000 cases and 13,000 deaths per year b. 1/5 inpatients on antibiotics experience an adverse event <p>Note: Each additional day of antibiotic therapy increases the risk of these adverse consequences.</p>	<p>Consider the risks and benefits of antimicrobial therapy each day.</p> <p>Consider the 4 moments of antibiotic decision making:</p> <ol style="list-style-type: none"> 1. Does my patient have an infection that requires antibiotics? 2. Have I ordered appropriate cultures before starting antibiotics? What empiric therapy should I start? 3. A day or more has passed. Can I stop antibiotics? Can I narrow therapy or change from IV to oral therapy? These questions should be asked every day that a patient is on antibiotics. 4. What duration of antibiotic therapy is needed for my patient's diagnosis?